

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # S08117

1. Entity Name

ALLIED SHELVING AND EQUIPMENT, INC.



Principal Place of Business

5761 N.W. 37 AVENUE
MIAMI, FL 33142

Mailing Address

5761 N.W. 37 AVENUE
MIAMI, FL 33142

DO NOT WRITE IN THIS SPACE

FILED
Aug 14, 2008 08:00 AM
Secretary of State



07082008 No Chg-P CR2E034 (11/05)

4. FEI Number

65-0361110

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MAYSONET, GEORGE
9280 S.W. 146 STREET
MIAMI, FL 33176

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IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

U000000957720

08/14/08-80004-005 150.00

DATE

FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE PD
NAME MAYSONET, GEORGE
STREET ADDRESS 9280 SW 146TH ST.
CITY-ST-ZIP MIAMI, FL

TITLE V
NAME MAYSONET, GREGORY
STREET ADDRESS 9280 SW 146 ST
CITY-ST-ZIP MIAMI, FL 33176

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other officers empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/8/8 305-634-5052