

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P93000048640

**Entity Name:** ALLIED BUILDING INSPECTION SERVICES, INC.

**Current Principal Place of Business:**

18001 OLD CUTLER ROAD, SUITE 560  
PALMETTO BAY, FL 33157

**Current Mailing Address:**

18001 OLD CUTLER ROAD, SUITE 560  
PALMETTO BAY, FL 33157 US

**FEI Number:** 65-0424560

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MICALI, JOHN S  
18001 OLD CUTLER ROAD, SUITE 560  
PALMETTO BAY, FL 33157 US

*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.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            MICALI, JOHN S  
Address        18001 OLD CUTLER ROAD, SUITE 560  
  
City-State-Zip: PALMETTO BAY FL 33157

Title            SECRETARY  
Name            MILLER, JIM T  
Address        18001 OLD CUTLER ROAD, SUITE 560  
  
City-State-Zip: PALMETTO BAY FL 33157

Title            COO  
Name            BERUMEN, RUBEN  
Address        18001 OLD CUTLER ROAD, SUITE 560  
  
City-State-Zip: PALMETTO BAY FL 33157

Title            VP  
Name            MICALI, LAURA  
Address        18001 OLD CUTLER ROAD, SUITE 560  
  
City-State-Zip: PALMETTO BAY FL 33157

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** JOHN MICALI

**PRESIDENT**

**03/22/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date