


**FILED**  
**Apr 22, 2004 8:00 am**  
**Secretary of State**


04-22-2004 90091 005 \*\*\*150.00

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # L31762</b>		
Entity Name <b>ALLSTATE FINANCE COMPANY, INC.</b>		

Principal Place of Business P O BOX 451906 HIALEAH, FL 33145	Mailing Address P O BOX 451906 HIALEAH, FL 33145
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**DO NOT WRITE IN THIS SPACE**

	
04202004 No Chg-P	CR2E034 (10/03)
4. FEI Number <b>65-0517957</b>	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> <b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**DIAZ, FELIX**  
450 SW 20TH RD  
MIAMI, FL 33129

**DO NOT WRITE 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 use if applicable. (NOTE: Registered Agent signature required when renewing)

9. Election Campaign Financing  **\$5.00** May Be Added to Fees

Trust Fund Contribution

**FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DIAZ, FELIX M. 501 SW 23RD RD MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS PRADO, JUDITH 450 SW 20TH RD MIAMI, FL 33129
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 like empowered.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-20-04 305-854-7123

Case Date Printed Name