

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 27, 2004 8:00 am
Secretary of State

07-27-2004 90039 021 ***550.00

DOCUMENT # M95830
 1. Entity Name
ALL STATE FENCE, INC.



Principal Place of Business
12030 S.W. 77 TERRACE
MIAMI, FL 33183

Mailing Address
12030 S.W. 77 TERRACE
MIAMI, FL 33183

44050180



DO NOT WRITE IN THIS SPACE

07162004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0072009

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
VICTORES, MONICA
12030 SW 77 TERRACE
MIAMI, FL 33183

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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) DATE

FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	VICTORES, DIDIO
STREET ADDRESS	12030 SW 77 TERRACE
CITY-ST-ZIP	MIAMI, FL 33183
TITLE	V
NAME	SODOPE, FRANK
STREET ADDRESS	621 TAMiami BLVD
CITY-ST-ZIP	MIAMI, FL 33144
TITLE	T
NAME	VICTORES, GUILLERMO D
STREET ADDRESS	6375 SW 27 STREET
CITY-ST-ZIP	MIAMI, FL 33155
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Didio Victores* **DIDIO VICTORES, PRESIDENT** 7/21/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #