


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 03, 2005 08:00 AM**  
**Secretary of State**

**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

**DO NOT WRITE IN THIS SPACE**



04192005 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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

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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05/05/05-80021-018 150.00

**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: \_\_\_\_\_ DATE: 4/28/05 DAYTIME PHONE #: 305-271-1256  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR