
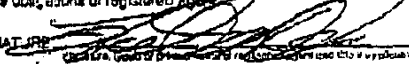
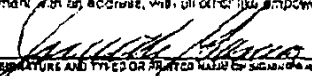


FILED
Apr 23, 2008 8:00 am
Secretary of State

04-23-2008 90011 017 ***150.00

**2008 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # L31762			
1. Entity Name ALLSTATE FINANCE COMPANY, INC.			
Principal Place of Business P O BOX 451906 HIALEAH, FL 33145 US		Mailing Address P O BOX 451906 HIALEAH, FL 33145 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address:	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Zip	
Country		Country	
04172008		Org-F CR2E034 (12/06)	
4. FEI Number 65-0617957		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DIAZ, FELIX 480 SW 20TH RD MIAMI, FL 33129		7. Name and Address of New Registered Agent Name DIAZ, FELIX Street Address (P.O. Box Number if Not Applicable) 519 N. Krome Ave. City Homestead FL Zip Code 33030	
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, in compliance with and subject to the obligations of registered agents.			
SIGNATURE: 		Agent 4/17/08 DATE	
FILE NOW!!! FEE IS \$160.00 After May 1, 2008 Fee will be \$560.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete DP DIAZ, FELIX M. 519 N KROME AVENUE HOMESTEAD, FL 33030	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete TS PRADO, JUDITH 480 SW 20TH RD MIAMI, FL 33129	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes, and further certify that the information indicated on this report or supplement thereto 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 files empowered.			
SIGNATURE: 		04/17/08 301 510-5847 DATE	