

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000030994

Entity Name: ALL STATE MOTORS, INC.

FILED  
Jan 12, 2009  
Secretary of State

**Current Principal Place of Business:**

1127 NORTH ORLANDO AVENUE  
WINTER PARK, FL 32789 US

**New Principal Place of Business:**

**Current Mailing Address:**

1127 NORTH ORLANDO AVENUE  
WINTER PARK, FL 32789 US

**New Mailing Address:**

FEI Number: 59-3310167

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

ALEGI, DEAN  
5455 VINELAND RD  
3205  
ORLANDO, FL 32811 US

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

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: ALEGI, DEAN  
Address: 5455 VINELAND RD #3205  
City-St-Zip: ORLANDO, FL 32811 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S ( ) Change (X) Addition  
Name: ALEGI, DIANA  
Address: 5455 VINELAND RD APT 3205  
City-St-Zip: ORLANDO, FL 32811

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: DEAN ALEGI

P

01/12/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date