
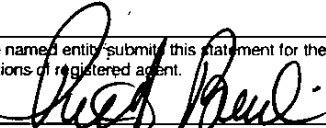
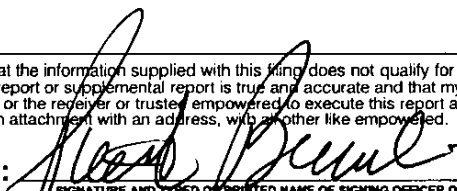


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 8:00 am
Secretary of State

01-16-2007 90183 019 ***150.00

DOCUMENT # F04000007238					
1. Entity Name AAA - ALLSTATE INVESTIGATIONS & PROTECTION SERVICES, INC.					
Principal Place of Business 1610 SHEEPSHEAD BAY RD STE 202 BROOKLYN, NY 11235			Mailing Address P.O. BOX 350044 BROOKLYN, NY 11235		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 13-3722345	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
BOMBINO, PATRICK A 1001 N FED HWY STE 317 HALLANDALE, FL 33009				Name Bombino, Patrick A.	
				Street Address (P.O. Box Number is Not Acceptable)	
				4790 NE 10th Avenue	
				City Oakland Park FL Zip Code 33334	
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  (NOTE: Registered Agent signature required when reinstating)					
DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			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	PSTC	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BOMBINO, PATRICK		NAME		
STREET ADDRESS	2606 EAST 15TH STREET SUITE 202		STREET ADDRESS		
CITY-ST-ZIP	BROOKLYN, NY 11235		CITY-ST-ZIP		
TITLE	PSTC	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BOMBINO, PATRICK A		NAME		
STREET ADDRESS	1610 SHEEPSHEAD BAY RD STE 202		STREET ADDRESS		
CITY-ST-ZIP	BROOKLYN, NY 11235		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 another like empowered.					
SIGNATURE:  DATE: 1/11/07 DAYTIME PHONE #: 718 934-8300					



01112007 Chg-P CR2E034 (12/06)