


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # L31762
 1. Entity Name
 ALLSTATE FINANCE COMPANY, INC.



Principal Place of Business Mailing Address
 P O BOX 451906 P O BOX 451906
 HIALEAH, FL 33145 US HIALEAH, FL 33145 US

DO NOT WRITE IN THIS SPACE



04202005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
 65-0517957 Not Applicable

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

6. Name and Address of Current Registered Agent
 DIAZ, FELIX
 450 SW 20TH RD
 MIAMI, FL 33129

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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 NAME STREET ADDRESS CITY - ST - ZIP	DP DIAZ, FELIX M. 501 SW 23RD RD MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TS PRADO, JUDITH 450 SW 20TH RD MIAMI, FL 33129
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 05/02/05-80078-024 150.00

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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:  04-26-05 305 854 7533
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #