


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 27, 2004 8:00 am**  
**Secretary of State**

07-27-2004 90039 021 \*\*\*550.00

**DOCUMENT # M95830**  
 1. Entity Name  
**ALL STATE FENCE, INC.**



Principal Place of Business      Mailing Address  
**12030 S.W. 77 TERRACE**      **12030 S.W. 77 TERRACE**  
**MIAMI, FL 33183**                      **MIAMI, FL 33183**

**44050180**



**DO NOT WRITE IN THIS SPACE**

07162004      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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00**  
**Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution.            **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	<b>P</b>
NAME	<b>VICTORES, DIDIO</b>
STREET ADDRESS	<b>12030 SW 77 TERRACE</b>
CITY-ST-ZIP	<b>MIAMI, FL 33183</b>
TITLE	<b>V</b>
NAME	<b>SODOPE, FRANK</b>
STREET ADDRESS	<b>621 TAMiami BLVD</b>
CITY-ST-ZIP	<b>MIAMI, FL 33144</b>
TITLE	<b>T</b>
NAME	<b>VICTORES, GUILLERMO D</b>
STREET ADDRESS	<b>6375 SW 27 STREET</b>
CITY-ST-ZIP	<b>MIAMI, FL 33155</b>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: *Didio Victor* **DIDIO VICTORES, PRESIDENT**      Date 7/21/04      Daytime Phone # \_\_\_\_\_