2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P00000090979

MIAMI, FL 33178

City-St-Zip:

Entity Name: ALLSTATE SHUTTERS DEPOT, CORP.

FILED Apr 23, 2003 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
2812 NW 72ND AVE				4615 NW 72ND AVE		
MIAMI, FL	33122		# 117 MIAMI, FL	. 33166		
Current Mailing Address:				New Mailing Address:		
3170 S.W. 133 PL. MIAMI, FL 33175				4615 NW 72ND AVE # 117 MIAMI, FL 33166		
FEI Number:	65-1047432	FEI Number Applied For ()	FEI Number Not App		Certificate of Status Desired ()	
		,		• •	.,	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:						
WONG, KAM YU 3170 S.W. 133 PL. MIAMI, FL 33175			15325 ŚW	WONG, KAM YU 15325 SW 39TH LANE MIAMI, FL 33185		
The above in the State		ty submits this statement for the p	urpose of changing	its registered off	ïce or registered agent, or both,	
SIGNATURE: WONG,KAM YU				04/23/2003		
Electronic Signature of Registered Agent				Date		
Fl4: 0		in a Tarak Found Contaile stice ()				
Election Campaign Financing Trust Fund Contribution (). OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title:	STD	() Delete	Title:	() (Change () Addition	
Name:	WU, CHUNG		Name:	()		
Address:	5766 N.W. 9		Address:			
City-St-Zip:	MIAMI, FL 3	33172	City-St-Zip:			
Title:	VPD	() Delete	Title:	PD (X)	Change () Addition	
Name:	CHIANG, CH	IIH HUNG	Name:	WONG, KAM YU		
Address:	3170 S.W. 1	133 PL.	Address:	15325 SW 39TH	LANE	
City-St-Zip:	MIAMI, FL 3	33175	City-St-Zip:	MIAMI, FL 3318	5	
Title:	PD	(X) Delete	Title:	()(Change () Addition	
Name:	WONG, KAN		Name:		/	
Address:	3170 S.W. 1	133 PL.	Address:			
City-St-Zip:	MIAMI, FL 3	33175	City-St-Zip:			
Title:	TD	(X) Delete	Title:	()(Change () Addition	
Name:	YIN, MING-H	• •	Name:	()	- • • •	
Address:	3308 TORR	EMOLINOS AVE	Address:			

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

City-St-Zip:

SIGNATURE: WONG, KAM YU PD 04/23/2003