2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 04, 2006 8:00 am
Secretary of State
05-04-2006 90231 004 ***150.00

DOCUMENT # P01000082032

1. Entity Name

ALLSTATE DISTRIBUTORS, INC.

Principal Place of Business	Mailing Address
2500 E HALLANDALE BEACH BLVD STE 707 HALLANDALE FL 33009	2500 E HALLANDALE BEACH BLVD STE 707 HALLANDALE FL 33009

1st MOORE CR2E034 (10/05)

2. Principal Place of Business		3. Mailing Address	
1851 NW 125 Ave			
Suite, Apt. #, etc. Suite 300		Suite, Apt. #, etc.	
City & State Pembroke Pines, FL		City & State	
Zip 33028	Country USA	Zip	Country

4. FEI Number 65-1148693 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SEGALL, SANDY
2500 E HALLANDALE BEACH BLVD STE 707
HALLANDALE FL 33009

7. Name and Address of New Registered Agent

Name Segall Sandy
Street Address (P.O. Box Number is Not Acceptable) 1851 NW 125 Ave
Suite 300
City Pembroke Pines FL Zip Code 33028

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 S. Segall 4/24/06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee Will Be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	SEGALL, E M		NAME		
STREET ADDRESS	2500 E. HALLANDALE BLVD STE 707		STREET ADDRESS		
CITY-ST-ZIP	HALLANDALE FL 33009		CITY-ST-ZIP		
TITLE	STVP	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	SEGALL, SANDY		NAME		
STREET ADDRESS	2500 E. HALLANDALE BLVD STE 707		STREET ADDRESS		
CITY-ST-ZIP	HALLANDALE FL 33009		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ 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 Section 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 all other like empowered.

SIGNATURE: [signature] 4/24/06 954-447-7775
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #