

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000115688

FILED  
Apr 26, 2005  
Secretary of State

Entity Name: ALL STATE SERVICE SOLUTION, INC.

## Current Principal Place of Business:

9134 PINE ISLAND ROAD  
CLERMONT, FL 34711

## New Principal Place of Business:

90340 PINE ISLAND ROAD  
CLERMONT, FL 34711 US

## Current Mailing Address:

9134 PINE ISLAND ROAD  
CLERMONT, FL 34711

## New Mailing Address:

9030 PINE ISLAND ROAD  
CLERMONT, FL 34711 US

FEI Number: 01-0561524

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KRUGER BELTRAN SILVA, JULIEN  
9134 PINE ISLAND RD  
CLERMONT, FL 34711 US

## Name and Address of New Registered Agent:

LARSON, CAROLINE  
5950 LAKEHURST DR  
246  
ORLANDO, FL 34711 US

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.

SIGNATURE: CAROLINE LARSON

04/26/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: KRUGER BELTRAN SILVA, JULIEN  
Address: 9134 PINE ISLAND ROAD  
City-St-Zip: CLERMONT, FL 34711

Title: DVP ( ) Delete  
Name: SILVA, JOAO F  
Address: 9134 PINE ISLAND ROAD  
City-St-Zip: CLERMONT, FL 34711

Title: DT (X) Delete  
Name: KRUGER, JONATHAN  
Address: 9134 PINE ISLAND ROAD  
City-St-Zip: CLERMONT, FL 34711

Title: DS (X) Delete  
Name: MARTIN, KRUGER  
Address: 9134 PINE ISLAND ROAD  
City-St-Zip: CLERMONT, FL 34711 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition  
Name: KRUGER BELTRAN SILVA, JULIEN  
Address: 9030 PINE ISLAND ROAD  
City-St-Zip: CLERMONT, FL 34711 US

Title: DVP (X) Change ( ) Addition  
Name: SILVA, JOAO F  
Address: 9030 PINE ISLAND ROAD  
City-St-Zip: CLERMONT, FL 34711 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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.

SIGNATURE: JULIEN SILVA

DP

04/26/2005

Electronic Signature of Signing Officer or Director

Date