
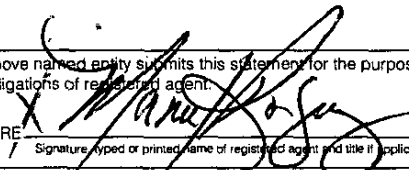
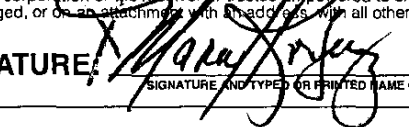


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 09, 2004 8:00 am**  
**Secretary of State**

04-09-2004 90026 003 \*\*\*150.00

<b>DOCUMENT # P02000056353</b> 1. Entity Name <b>ALLSTATE FACTORY SERVICE, INC.</b>																											
Principal Place of Business <del>5951 NW 151ST STREET</del> <del>SUITE 37</del> <del>MIAMI LAKES, FL 33014</del>		Mailing Address <del>5951 NW 151ST STREET</del> <del>SUITE 37</del> <del>MIAMI LAKES, FL 33014</del>																									
2. Principal Place of Business <b>3474 West 84 Street</b> Suite, Apt. #, etc. <b>Bay A-111</b> City & State <b>Hialeah, FL</b> Zip <b>33018</b>		3. Mailing Address <b>3474 West 84 Street</b> Suite, Apt. #, etc. <b>Bay A-111</b> City & State <b>Hialeah, FL</b> Zip <b>33018</b>																									
6. Name and Address of Current Registered Agent <b>RODRIGUEZ, MANUEL</b> <del>5951 NW 151ST STREET</del> <del>SUITE 37</del> <del>MIAMI LAKES, FL 33014</del>		7. Name and Address of New Registered Agent Name <b>Manuel Rodriguez</b> Street Address (P.O. Box Number is Not Applicable) <b>3474 West 84 Street</b> <b>Bay A-111</b> City <b>Hialeah</b> FL Zip Code <b>33018</b>																									
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  <b>Manuel Rodriguez</b> 3/20/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																											
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees																									
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:65%;">P</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>RODRIGUEZ, MANUEL</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td><del>5951 NW 151ST STREET</del></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td><del>MIAMI LAKES, FL 33014</del></td> <td></td> </tr> </table>		TITLE	P	<input type="checkbox"/> Delete	NAME	RODRIGUEZ, MANUEL		STREET ADDRESS	<del>5951 NW 151ST STREET</del>		CITY-ST-ZIP	<del>MIAMI LAKES, FL 33014</del>		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:65%;">P</td> <td style="width:20%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Rodriguez, Manuel</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>3474 West 84 Street A111</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Hialeah, FL 33018</td> <td></td> </tr> </table>		TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	Rodriguez, Manuel		STREET ADDRESS	3474 West 84 Street A111		CITY-ST-ZIP	Hialeah, FL 33018	
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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 the address, with all other like empowered.																											
SIGNATURE  <b>Manuel Rodriguez</b> 3/20/04 305-822-5558 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day Daytime Phone #</small>																											