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Secretary of State

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04192005 Chg-P CR2E034 (10/03)

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000063172

1. Entity Name
ALLSTATE AIR CONDITIONING, INC.

Principal Place of Business	Mailing Address
10785 BISCAYNE BLVD. MIAMI, FL 33160	10785 BISCAYNE BLVD. MIAMI, FL 33160

2. Principal Place of Business	3. Mailing Address
	5807 Hallandale Beach Blvd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Hollywood Fl.
Zip / Country	Zip: 33023 Country: Broward

4. FEI Number: 04-3680910 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GAMAYO, JOSUE 10785 BISCAYNE BLVD. MIAMI, FL 33160	Name: Gamayo, Josue Street Address (P.O. Box Number is Not Acceptable): 1700 NE 107 St. Apt. # 407 City: Miami Shores FL Zip Code: 33138

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 ______________________________
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, 2005 Fee will be $550.00

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P GAMAYO, JOSUE 10785 BISCAYNE BLVD. MIAMI, FL 33160 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Gamayo, Josue 1700 NE 107 St. Apt. # 407 Miami Shores Fl. 33138 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V TIRADO, CESAR 10785 BISCAYNE BLVD. MIAMI, FL 33160 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V Tirado Cesar 678 NE 195 St. North Miami Fl. 33179 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: Gamayo Josue [signature] 4-23-05 305-893-8500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #