

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000063172

FILED
Apr 28, 2009
Secretary of State

Entity Name: ALLSTATE AIR CONDITIONING, INC.

Current Principal Place of Business:

5807 HALLANDALE BEACH BLVD
HOLLYWOOD, FL 33023

New Principal Place of Business:

5809 HALLANDALE BEACH BLVD
WEST PARK, FL 33023

Current Mailing Address:

5807 HALLANDALE BEACH BLVD.
HOLLYWOOD, FL 33023

New Mailing Address:

5809 HALLANDALE BEACH BLVD
WEST PARK, FL 33023

FEI Number: 04-3680910

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GAMAYO, JOSUE
1700 NE 107 ST APT. #407
MIAMI, FL 33138 US

Name and Address of New Registered Agent:

GAMAYO, JOSUE
1801 NE 171 ST
MIAMI, FL 33162 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:

04/28/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GAMAYO, JOSUE
Address: 1700 NE 105 ST. APT. #407
City-St-Zip: MIAMI, FL 33138

Title: V () Delete
Name: TIRADO, CESAR
Address: 678 NE 195 ST
City-St-Zip: MIAMI, FL 33179

Title: SD (X) Delete
Name: OVES, RICARDO
Address: 11103 SW 154 PLC.
City-St-Zip: MIAMI, FL 33196

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: GAMAYO, JOSUE
Address: 1801 NE 171
City-St-Zip: NORTH MIAMI BEACH, FL 33162

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 exemption stated in Chapter 119, 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: JOSUE GAMAYO

P

04/28/2009

Electronic Signature of Signing Officer or Director

Date