

# 2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P02000104591

FILED  
Jul 19, 2008  
Secretary of State

Entity Name: ALLSTATE INVESTMENT GROUP, INC.

## Current Principal Place of Business:

18142 SW 97 AVE  
PALMETTO BAY, FL 33157

## New Principal Place of Business:

## Current Mailing Address:

18142 SW 97 AVE  
PALMETTO BAY, FL 33157

## New Mailing Address:

FEI Number: 84-1696471

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

AJABSHIR, SOHEILA  
930 HIALEAH DR  
#9  
HIALEAH, FL 33010 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: D (X) Delete  
Name: AJABSHIR, SOHEILA  
Address: P.O.BOX 432565  
City-St-Zip: S.MIAMI, FL 33243

Title: D ( ) Delete  
Name: AJABSHIR, MIKE  
Address: P.O.BOX 432565  
City-St-Zip: S.MIAMI, FL 33243

Title: D (X) Delete  
Name: AJABSHIR, NIMA  
Address: P.O.BOX 432565  
City-St-Zip: S.MIAMI, FL 33243

Title: D (X) Delete  
Name: AJABSHIR, NAVID  
Address: P.O.BOX 432565  
City-St-Zip: S.MIAMI, FL 33243

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: MA

D

07/19/2008

Electronic Signature of Signing Officer or Director

Date