2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 22, 2008
Secretary of State

DOCUMENT# P03000003705

Entity Name: ALLSTATE LABORERS, INC.

Current Principal Place of Business:

621 TAMIAMI BLVD
MIAMI, FL 33144

New Principal Place of Business:

Current Mailing Address:

621 TAMIAMI BLVD
MIAMI, FL 33144

New Mailing Address:

FEI Number: 05-0548899 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SODUPE, NILDA
621 TAMIAMI BLVD
MIAMI, FL 33144 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: SODUPE, NILDA
Address: 621 TAMIAMI BLVD
City-St-Zip: MIAMI, FL 33144

Title: VP ( ) Delete
Name: LECONA, MILTON
Address: 3550 NW 4 STREET
City-St-Zip: MIAMI, FL 33125

Title: S ( ) Delete
Name: GUILLEN, ERNESTO
Address: 1603 NE 2ND AVE APT 36
City-St-Zip: MIAMI, FL 33132

Title: P ( ) Delete
Name: FERNANDEZ, VICTOR
Address: 621 TAMIAMI BLVD.
City-St-Zip: MIAMI, FL 33144

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: NILDA SODUPE D 07/22/2008

Electronic Signature of Signing Officer or Director Date