

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2005 8:00 am
Secretary of State

03-28-2005 90075 042 ***150.00

DOCUMENT # P03000006135

1. Entity Name
AMERICAN ALL-STATE, INC.



Principal Place of Business
**1181 HIDDEN VALLEY WAY
WESTON, FL 33327**

Mailing Address
**1181 HIDDEN VALLEY WAY
WESTON, FL 33327**

50031209



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

same

Suite, Apt. #, etc.

same

City & State

City & State

Zip

Country

Zip

Country

03232005

Chg-P

CR2E034 (10/03)

4. FEI Number

16-1648435

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**DE LA CRUZ, LUIS F JR
95 MERRICK WAY STE 440
CORAL GABLES, FL 33134**

7. Name and Address of New Registered Agent

Name **De la Cruz, Luis F Jr.**

Street Address (P.O. Box Number is Not Applicable)

2 Alhambra Plaza PH #2

City

Coral Gables

FL

Zip Code

33134

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 **Game Agent - New Address Only**

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSD
SEIDL, CYNTHIA
1181 HIDDEN VALLEY WAY
WESTON, FL 33327**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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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)(f), 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: **Cynthia Seidl President 3-27-05 994-305-7848**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #