

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P03000020298

Entity Name: ALLSURANCE CORPORATION

FILED
Jun 26, 2006
Secretary of State

Current Principal Place of Business:

7006 SW 87 AVE
MIAMI, FL 33173 US

New Principal Place of Business:

Current Mailing Address:

7006 SW 87 AVE
MIAMI, FL 33173 US

New Mailing Address:

FEI Number: 06-1679122

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARNOLD LEDESMA
7006 SW 87 AVE
MIAMI, FL 33173 US

Name and Address of New Registered Agent:

LEDESMA, LILIA M P
7006 SW 87 AVE
MIAMI, FL 33173 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: LILIA M. LEDESMA

06/26/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LEDESMA, RIGOBERTO
Address: 7006 SW 87 AVE
City-St-Zip: MIAMI, FL 33173

Title: DST () Delete
Name: LEDESMA, ARNOLD
Address: 7006 SW 87 AVE
City-St-Zip: MIAMI, FL 33173

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: LEDESMA, LILIA M
Address: 7006 SW 87 AVE
City-St-Zip: MIAMI, FL 33173

Title: DST (X) Change () Addition
Name: LEDESMA, RIGOBERTO
Address: 7006 SW 87 AVE
City-St-Zip: MIAMI, FL 33173

I hereby certify that the information supplied with this filing does not qualify for the 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: RIGOBERTO LEDESMA

P

06/26/2006

Electronic Signature of Signing Officer or Director

Date