

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000020298

Entity Name: ALLSURANCE CORPORATION

FILED
Jan 05, 2009
Secretary of State

Current Principal Place of Business:

9445 SW 40TH ST STE 104
MIAMI, FL 33165

New Principal Place of Business:

Current Mailing Address:

9445 SW 40TH ST STE 104
MIAMI, FL 33165

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:

LEDESMA, LILIA M
9445 SW 40TH ST STE 104
MIAMI, FL 33165 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

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

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

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

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: LILIA M. LEDESMA

P

01/05/2009

Electronic Signature of Signing Officer or Director

Date