
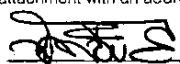


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90557 044 ***150.00

DOCUMENT # P03000058663 1. Entity Name ALLSTATE P. INSPECTIONS INCORPORATED						
Principal Place of Business 2901 INDIAN CREEK DR 4 MIAMI BEACH, FL 33140			Mailing Address 2901 INDIAN CREEK DR 4 MIAMI BEACH, FL 33140			
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State				
Zip	Country	Zip	Country	01132005 Chg-P CR2E034 (10/03)		
4. FEI Number 81-0613719				Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent		
7. Name and Address of New Registered Agent				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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____						
<div style="display: flex; justify-content: space-between;"> <div> FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 </div> <div> 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees </div> </div>						
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition	President Nadia Buono 1075 93 St + Apt 106 Bay Harbour Island, FL 33154	
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  D 2/18/2005 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #						