


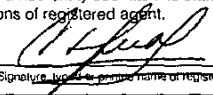
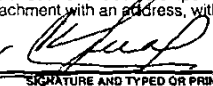
2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2005 8:00 am
Secretary of State

03-23-2005 90049 043 ***158.75

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DOCUMENT # P03000065325			
1. Entity Name ALLSTATE GUTTER CORP.			
Principal Place of Business 1715 CORAL WAY STE 104 MIAMI, FL 33145		Mailing Address 1715 CORAL WAY STE 104 MIAMI, FL 33145	
2. Principal Place of Business 7601 E Treasure Drive		3. Mailing Address P.O. BOX 450971	
Suite, Apt. #, etc. 402		Suite, Apt. #, etc.	
City & State North Bay Village, FL		City & State MIAMI, FL	
Zip 33141		Country USA	
Zip 33245-0971		Country USA	
6. Name and Address of Current Registered Agent MENA, CRISTOBAL G 1715 CORAL WAY STE 104 MIAMI, FL 33145		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 7601 E Treasure Drive Apt. 402 North Bay Village FL Zip Code 33141	
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:  Cristobal G. Mena, 03/02/05 <small>Signature, type the printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD MENA, CRISTOBAL G 10290 NW 9TH STREET APT. 311 MIAMI, FL 33172 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD MENA, CRISTOBAL G 7601 E Treasure Drive, Apt. 402 North Bay Village, FL 33141 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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)(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: 		Cristobal G. Mena, President 03/02/05	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	