


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000065325

1. Entity Name
ALLSTATE GUTTER CORP.



| | |
|---|---|
| Principal Place of Business 7601 E TREASURE DRIVE #402 NORTH BAY VILLAGE, FL 33141 | Mailing Address PO BOX 450971 MIAMI, FL 33245-0971 |
|---|---|



01312006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

| | |
|--|---------------------------------------|
| 4. FEI Number 20-0102329 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

**MENA, CRISTOBAL G
 7601 E TREASURE DRIVE APT 402
 NORTH BAY VILLAGE, FL 33141**

DO NOT WRITE IN THIS SPACE

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 _____

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

100000420107
 02/15/06-80034-014 158.75

10. OFFICERS AND DIRECTORS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PSTD MENA, CRISTOBAL G 7601 E TREASURE DRIVE APT 402 NORTH BAY VILLAGE, FL 33141 |
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DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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. Menz president** 1/31/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #