
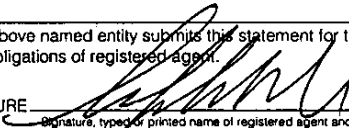
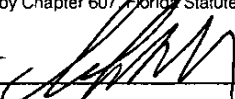


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90173 045 ***150.00

DOCUMENT # P03000086046							
1. Entity Name ALLSTATE MANAGEMENT SERVICES, INC.							
Principal Place of Business 25520 SW 127 AVE MIAMI, FL 33032			Mailing Address P.O. BOX 924099 HOMESTEAD, FL 33092				
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		4. FEI Number 06-1704058			
Zip		Country		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				
XIQUES, ALBERT J ESQ 101 MADEIRA AVE CORAL GABLES, FL 33134			Name ALFREDO ALVAREZ				
			Street Address (P.O. Box Number is Not Acceptable) 25520 SW 127 AVE,				
			City MIAMI			FL	
			Zip Code 33032				
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: 			DATE: 4/24/06				
Signature, typed or printed name of registered agent and title if applicable.			(NOTE: Registered Agent signature required when reinstating)				
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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	PST	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ALVAREZ, ALFREDO E		NAME				
STREET ADDRESS	25520 SW 127 AVE		STREET ADDRESS				
CITY-ST-ZIP	MIAMI, FL 33032		CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE	V.P.T.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME			NAME	Xiomara Alvarez			
STREET ADDRESS			STREET ADDRESS	25520 S.W. 127 Ave.			
CITY-ST-ZIP			CITY-ST-ZIP	MIAMI, FL. 33032			
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
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: Alfredo Alvarez, President 			DATE: 4/24/06				
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #				