2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 02, 2007 8:00 am Secretary of State

DOCUMENT # P03000113234 1. Entity Name ALLSTATE TRAINING ACADEMY, INC.			l				ecreta 05-02-2007	_			
Principal Place	e of Business	Mailing Address				.0.1	ไปอเกล				
8405 NV53	ST.	8405 NV63 ST.			·. [4,	,,,,,,,				
G103 MAM, PL3:	3166	G103 MAM, FL 33166			}		•				
2. Principal Place of Business - No P.O. Box # 8600 NW 53 Terrace 8600 NW 53 Terrace Suite, Apt. #, etc. Suite, Apt. #, etc.					e	(P03000113234P)					
Suite, Apt. #, etc. Suite, Apt. #, etc.					}	04202007	Chg-P	CR2E	034 (12/06)		
City & State		City & State		·		4. FEI Numb			Ap	plied For	
Mian		Miami,	FC			01-081	9676			t Applicable	
3316		33166	Coun	SA-		5. Certificate	of Status Desire	d 🗆	\$8.75 Add Fee Require		
	6. Name and Address of Current	Registered Agent		Name		_7. Name and	Address of Ne	w_Registered	Agent		
YEAMPIERRE, JOSEPH					JOSEPH Yearnbierre						
8405 NW 53 ST.				Street Address (P.O. Box Number is Not Acceptable)							
C-103				i //		, <u>~ ~</u>	<u>, , , , , , , , , , , , , , , , , , , </u>	uce.			
MIAMI, FL 33166				City	121	<u> </u>					
				Lity MY	110	1771		FL	<u>- 333î</u>	66_	
	named entity submits this statement folions of registered agent.	r the purpose of changing its	register	ed office or r	registere	ed agent, or bo				and accept	
SIGNATURE	Signaland Typed or printed name of registered agent a	and title if applicable. (NOTE	: Ragistere	d Agent signature	e required	when reinstating)	4	20/0 DATE	7		
							1				
After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.0		ribution.		\$5. Adde	00 May Be ed to Fees					
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(2.) I hereby certify that the information supplied with this filing does not quality 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: 2

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/07 468-1533

Daytime Phone #