

**2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P04000008437

**FILED**  
**Jun 13, 2007**  
**Secretary of State****Entity Name:** ALL STATE STRIPING, CORP.**Current Principal Place of Business:**8000 NW 170 TERR  
MIAMI, FL 33015**New Principal Place of Business:****Current Mailing Address:**350 WEST 34 STREET  
HIALEAH, FL 33012**New Mailing Address:****FEI Number:** 90-0134920**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**POZO, GEONEL  
350 WEST 34 STREET  
MIAMI, FL 33012 US**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date**OFFICERS AND DIRECTORS:****Title:** PD ( ) Delete  
**Name:** POZO, GEONEL  
**Address:** 350 WEST 34 STREET  
**City-St-Zip:** HIALEAH, FL 33012**Title:** SEC (X) Delete  
**Name:** LOPEZ, DAULEMIS  
**Address:** 350 WEST 34 STREET  
**City-St-Zip:** HIALEAH, FL 33012**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GEONEL POZO

PD

06/13/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director\_\_\_\_\_  
Date