

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED
May 23, 2006
Secretary of State**

DOCUMENT# P04000141597

Entity Name: ALL INSURANCE SERVICES CORP.

Current Principal Place of Business:

3682 W. 12 AVENUE
HIALEAH, FL 33012

New Principal Place of Business:

Current Mailing Address:

3682 W. 12 AVENUE
HIALEAH, FL 33012

New Mailing Address:

FEI Number: 03-0549610 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FERNANDEZ, INES J
17130 NW 47 COURT
MIAMI, FL 33055 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: P () Delete
Name: FERNANDEZ, INES J
Address: 17130 NW 47 COURT
City-St-Zip: MIAMI, FL 33055

Title: V () Delete
Name: RUIZ, JUAN C
Address: 17130 NW 47 COURT
City-St-Zip: MIAMI, FL 33055

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T () Change (X) Addition
Name: RILL, ABEL
Address: 14565 APALACHEE ST
City-St-Zip: NAPLES, F; 34114

I hereby certify that the information supplied with this filing does not qualify for the 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: INES J FERNANDEZ

P

05/23/2006

Electronic Signature of Signing Officer or Director

_____ Date