

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000168707

FILED  
Apr 18, 2006  
Secretary of State

Entity Name: ALLSTATE TOTAL SECURITY, INC.

## Current Principal Place of Business:

15570 SW 112 DR  
MIAMI, FL 33196

## New Principal Place of Business:

## Current Mailing Address:

15570 SW 112 DR  
MIAMI, FL 33196

## New Mailing Address:

FEI Number: 86-1126116

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

CARDOSO, GUSTAVO  
15570 SW 112 DR  
MIAMI, FL 33196 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: CARDOSO, GUSTAVO  
Address: 15570 SW 112 DR  
City-St-Zip: MIAMI, FL 33196

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: CARDOSO, GUSTAVO  
Address: 15570 SW 112 DR  
City-St-Zip: MIAMI, FL 33196

Title: V ( ) Change (X) Addition  
Name: CARDOSO, MARIA FANNY  
Address: 15570 SW 112 DR  
City-St-Zip: MIAMI, FL 33196

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: GUSTAVO CARDOSO

P

04/18/2006

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

\_\_\_\_\_  
Date