

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000023198

FILED  
Apr 28, 2009  
Secretary of State

Entity Name: ALLSTATE LIEN & TITLE OF MIAMI INC.

## Current Principal Place of Business:

7623 SOUTHAMPTON TERR  
307  
MIAMI, FL 33196

## New Principal Place of Business:

7623 SOUTHAMPTON TERR  
307  
TAMARAC, FL 33321

## Current Mailing Address:

7623 SOUTHAMPTON TERR  
307  
TAMARAC, FL 33321

## New Mailing Address:

FEI Number: 65-0927350      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SMITH, STUART  
7623 SOUTHAMPTON TERR  
307  
TAMARAC, FL 33321 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: PRES ( ) Delete  
Name: SMITH, STUART  
Address: 7623 SOUTHAMPTON TERR #307  
City-St-Zip: TAMARAC, FL 33321

Title: VP,T ( ) Delete  
Name: SMITH, STUART  
Address: 7623 SOUTHAMPTON TERR #307  
City-St-Zip: TAMARAC, FL 33321

Title: S ( ) Delete  
Name: SMITH, STUART  
Address: 7623 SOUTHAMPTON TERR #307  
City-St-Zip: TAMARAC, FL 33321

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: STUART SMITH

PRES

04/28/2009

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

\_\_\_\_\_ Date