

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000037422

FILED  
Jan 22, 2004  
Secretary of State

Entity Name: ALLSTATE SPECIAL SERVICES, INC.

## Current Principal Place of Business:

135 45 AVE NE  
NAPLES, FL 34120 US

## New Principal Place of Business:

## Current Mailing Address:

135 45 AVE NE  
NAPLES, FL 34120 US

## New Mailing Address:

FEI Number: 65-0552568

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ALFARO, ZULIMA  
135 45 AVE  
NAPLES, FL 34120 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: PM ( ) Delete  
Name: NORMAN, CHESLER  
Address: 135 45 AVE NE  
City-St-Zip: NAPLES, FL 34120

Title: V ( ) Delete  
Name: ALFARO, ZULIMA  
Address: 135 45 AVE NE  
City-St-Zip: NAPLES, FL 34120

Title: T ( ) Delete  
Name: ALFARO, ZULIMA  
Address: 135 45 AVE NE  
City-St-Zip: NAPLES, FL 34120

## 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 for the exemption stated in Section 119.07(3)(i), 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: NORMAN CHESLER

PRES

01/22/2004

Electronic Signature of Signing Officer or Director

Date