

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000039047

FILED
Apr 27, 2005
Secretary of State

Entity Name: ALLSTATE MORTGAGE CORP.

Current Principal Place of Business:

18142 SW 97 AVE
PALMETTO BAY, FL 33157

New Principal Place of Business:

Current Mailing Address:

PO BOX 432565
S.MIAMI, FL 33243

New Mailing Address:

FEI Number: 65-0750208

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AJABSHIR, MIKE
930 HIALEAH DR.#9
HIALEAH, FL 33010 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: P () Delete
Name: AJABSHIR, SOHEILA
Address: 17891 S.DIXIE HWY 2ND FLOOR
City-St-Zip: PALEMETTO BAY, FL 33157

Title: D () Delete
Name: AJABSHIR, M
Address: 17891 S. DIXIE HWY 2ND FLOOR
City-St-Zip: PALMETTO BAY, FL 33157

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: AJABSHIR, SOHEILA
Address: P.O.BOX 432565
City-St-Zip: S.MIAMI, FL 33243

Title: D (X) Change () Addition
Name: AJABSHIR, M
Address: P.O.BOX 432565
City-St-Zip: S.MIAMI, FL 33243

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: MIKE AJABSHIR

D

04/27/2005

Electronic Signature of Signing Officer or Director

_____ Date