



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 17, 2004 8:00 am
Secretary of State

05-17-2004 90018 029 ***158.75

DOCUMENT # P97000058875					
1. Entity Name ALLSTATE WINDOWS, DOORS & SHUTTERS, INC.					
Principal Place of Business 5205 NW 72 AVE. MIAMI, FL 33166 US			Mailing Address 5205 NW 72 AVE. MIAMI, FL 33166 US		
2. Principal Place of Business 6984 NW 42nd Street, Suite, Apt. #, etc.		3. Mailing Address 6984 NW 42nd Street, Suite, Apt. #, etc.		<div style="font-size: 24px; font-weight: bold;">24076272</div> 	
City & State Miami, FL		City & State Miami, FL		4. FEI Number 65-0776522	
Zip 33166		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LIPTON, MARTIN 5205 NW 72 AVE. MIAMI, FL 33166			7. Name and Address of New Registered Agent Name Martin Lipton Street Address (P.O. Box Number is Not Acceptable) 6984 NW 42nd Street, City Miami FL Zip Code 33166		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u>Martin Lipton, Reg. Agent</u>				DATE <u>05/06/04</u>	
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LIPTON, MARTIN 9401 S.W. 93RD CT. MIAMI, FL 33176	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST DAVITZ, JOSEPH 1120 NE 100TH STREET MIAMI, FL 33138	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Martin Lipton, President</u>				DATE <u>05/06/04</u>	