2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000037195

Title:

Name:

Address:

City-St-Zip:

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SARTORI, GERRY

162 BAKMAN PLACE

AGAWAN, MS 01001

Entity Name: ALLSTATES REAL ESTATE PROPERTIES, INC.

FILED Jul 15, 2004 Secretary of State

Current Principal Place of Business:			New Princ	New Principal Place of Business:		
1380 15ST WEST RIVIERA BEACH, FL 33404						
Current Mailing Address:			New Maili	New Mailing Address:		
1380 15ST WEST RIVIERA BEACH, FL 33404				1380 15TH STREET WEST RIVIERA BEACH, FL 33404		
FEI Number:	65-0841635 F	El Number Applied For()	FEI Number Not Appl	Olicable () Certificate of Status Desired ()		
Name and Address of Current Registered Agent:			Name and	Name and Address of New Registered Agent:		
FRY, J M 1051 NOKOMIS ST CLEARWATER, FL 33755 US				FRY, J M 905 E. MARTIN LUTHER KING DR TARPON SPRINGS, FL 34689 US		
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:				07/15/2004		
Electronic Signature of Registered Agent				Date		
Election Campaign Financing Trust Fund Contribution ().						
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	P/S () Del DESILVA, ROBERT 2000 AVE. P SUITE RIVIERA BEACH, F	91+12	Title: Name: Address: City-St-Zip:	P/S (X) Change () Addition DESILVA, ROBERT 1380 15TH STREET WEST RIVIERA BEACH, FL 33404		
Title: Name: Address: City-St-Zip:	D () Del BRANER, HAROLD 12128 PROSPERIT PALM BEACH GAR	Y FORM RD.	Title: Name: Address: City-St-Zip:	() Change () Addition		

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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: ROBERT DESILVA PRES 07/15/2004

() Change () Addition