



2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90375 006 ***150.00

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|---|--|--|--|--|-----------------------|
| DOCUMENT # L87714 1. Entity Name ALONSO SERVICES, INC. | | | |  | |
| Principal Place of Business 6378 STURBRIDGE CT SARASOTA, FL 34238 | | | Mailing Address 6378 STURBRIDGE CT SARASOTA, FL 34238 | | |
| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip | | 3. Mailing Address Suite, Apt. #, etc. City & State Zip | |  | |
| 4. FEI Number 65-0205929 | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent ALONSO, JOSE CRUZ 2102 HAWTHORNE ST SARASOTA, FL 34239 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City State: FL Zip Code | | |
| 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting)</small> | | | | | |
| FILE NOW!!! FEES \$150.00 After May 1, 2008 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ALONSO, JOSE CRUZ 6378 STURBRIDGE COURT SARASOTA, FL 34238 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SDPT ALONSO, MARIA TERESA 6378 STURBRIDGE COURT SARASOTA, FL 34238 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 attached sheet with an address, with all other they empowered. | | | | | |
| SIGNATURE: <i>x Maria T. Alonso</i> | | | Date: <i>4/25/08</i> | | Daytime Phone # _____ |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | |