

**2010 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P08000021223

**FILED  
Apr 10, 2010  
Secretary of State**

**Entity Name:** ALONSO'S HEALTH SOLUTIONS, CORP.

**Current Principal Place of Business:**

4020 SW 5 STREET  
MIAMI, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

4020 SW 5 STREET  
MIAMI, FL 33134

**New Mailing Address:**

FEI Number: 26-2073724

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ALONSO, VICTORINO M  
4020 SW 5 STREET  
MIAMI, FL 33134 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

**OFFICERS AND DIRECTORS:**

Title: PST  
Name: ALONSO, VICTORINO M  
Address: 4020 SW 5 STREET  
City-St-Zip: MIAMI, FL 33134

Title: VP  
Name: ALONSO, LYDIA  
Address: 4020 SW 5 STREET  
City-St-Zip: MIAMI, FL 33134

I hereby 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 all other like empowered.

SIGNATURE: V ALONSO

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

D

04/10/2010

\_\_\_\_\_  
Date