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	ler
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 appe	ears
above, or on an attachment with all other like empowered.	

SIGNATURE: FIDEL ALONSO

Electronic Signature of Signing Officer/Director Detail

# FEI Number: 85-0748613

### Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

ALONSO, FIDEL E 3663 MOON VINE CT WEST PALM BEACH, FL 33406 US

**Officer/Director Detail :** 

Ρ

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:

Title

Name	ALONSO, FIDEL	Name	ALONSO, ISIS
Address	3663 MOON VINE CT	Address	3663 MOON VINE CT
City-State-Zip:	WEST PALM BEACH FL 33406	City-State-Zip:	WEST PALM BEACH FL 33406

Title

VP

Certificate of Status Desired: No

2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT

# Entity Name: ALONSO'S FAMILY CORP

**Current Principal Place of Business:** 

3663 MOON VINE CT WEST PALM BEACH, FL 33406

DOCUMENT# P20000029523

# **Current Mailing Address:**

3663 MOON VINE CT WEST PALM BEACH. FL 33406 US

PRESIDENT

02/03/2022

FILED Feb 03, 2022 Secretary of State 5645563982CC

Date

Date