


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2006 8:00 am
Secretary of State

03-01-2006 90038 012 ***163.75

| | |
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| DOCUMENT # 649676 |  |
| 1. Entity Name ALONSO, INC. | |

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| Principal Place of Business 103 CAMINO REAL HOWIE IN THE HILLS, FL 34737 US | Mailing Address 103 CAMINO REAL HOWIE IN THE HILLS, FL 34737 US |
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| 2. Principal Place of Business 11025 Kentmere Court Suite, Apt. #, etc. | 3. Mailing Address 11025 Kentmere Court Suite, Apt. #, etc. |
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| City & State Windermere, Florida | City & State Windermere, Florida |
| Zip 34786-5417 | Country USA |



02222006 Chg-P CR2E034 (11/05)

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| 4. FEI Number 59-1958307 | Applied For <input type="checkbox"/> Not Applicable |
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| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent ALONSO, FRANCISCO 103 CAMINO REAL HOWIE IN THE HILLS, FL 34737 |
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| 7. Name and Address of New Registered Agent Name Alonso, Francisco Street Address (P.O. Box Number is Not Acceptable) 11025 Kentmere Court City Windermere FL Zip Code 34786-5417 |
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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 Francisco Alonso *Francisco Alonso* 02/23/2006
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PT ALONSO, ARMANDO 36007 LAKE UNITY NURSERY ROAD FRUITLAND PARK, FL 34731 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VPS ALONSO, FRANCISCO 103 CAMINO REAL HOWIE IN THE HILLS, FL 34737 <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 |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VPS Alonso, Francisco 11025 Kentmere Court- FL. 34786-5417 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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 attachment with an address, with all other duly empowered.

SIGNATURE: Francisco Alonso *Francisco Alonso* 02/23/2006 (352) 267-4101
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #