

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2007 8:00 am
Secretary of State

01-11-2007 90050 022 ***163.75

DOCUMENT # 649676

1. Entity Name
ALONSO, INC.



Principal Place of Business
**11025 KENTMERE CT
WINDERMERE, FL 34786-5417 US**

Mailing Address
**11025 KENTMERE CT
WINDERMERE, FL 34786-5417 US**



2. Principal Place of Business - No P.O. Box #
3101 NW 16th Ave.

3. Mailing Address
11025 Kentmere Court

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01092007 Chg-P CR2E034 (12/06)

City & State
Ocala, Florida

City & State
Windermere, Florida

4. FEI Number
59-1958307

Applied For
Not Applicable

Zip
34475-4285

Country
USA

Zip
34786-5417

Country
USA

5. Certificate of Status Desired **XX** **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ALONSO, FRANCISCO
11025 KENTMERE CT
WINDERMERE, FL 34785-5417**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

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 **Francisco Alonso**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

01/08/2007

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☒

\$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
**PT
ALONSO, ARMANDO
36007 LAKE UNITY NURSERY ROAD
FRUITLAND PARK, FL 34731** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPS
ALONSO, FRANCISCO
11025 KENTMERE CT
WINDERMERE, FL 347865417** ☐ Delete

TITLE
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☐ Change ☐ 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 like empowered.

SIGNATURE:

Francisco Alonso

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/08/2007 (352) 267-4101

Date

Daytime Phone #