

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J00806

Entity Name: ALONZO FRANK, INC.

FILED  
Apr 12, 2009  
Secretary of State

**Current Principal Place of Business:**

5602 PGA BLVD  
103 B  
PALM BEACH GARDENS, FL 33418 US

**New Principal Place of Business:**

**Current Mailing Address:**

1106 11TH LANE  
PALM BEACH GARDENS, FL 33418

**New Mailing Address:**

FEI Number: 59-2696250

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ALONZO, FRANK  
1106 11TH LANE  
PALM BCH GARDENS, FL 33418 US

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

ALONZO, FRANK A PRES.  
1106 11TH LANE  
PALM BCH GARDENS, FL 33418 US

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: FRANK A ALONZO

04/12/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: ALONZO, FRANK A  
Address: 1106 11TH LANE  
City-St-Zip: PALM BEACH GARDENS, FL 33418 US

Title: VTS ( ) Delete  
Name: ALONZO, S. CHRISTINE  
Address: 1106 11TH LANE  
City-St-Zip: PALM BEACH GARDENS, FL 33418 US

Title: C ( ) Delete  
Name: ALONZO, FRANK  
Address: 1106 11TH LANE  
City-St-Zip: PALM BEACH GARDENS, FL 33418 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: FRANK A ALONZO

PRES

04/12/2009

Electronic Signature of Signing Officer or Director

Date