

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 04, 2004 08:00 AM
Secretary of State**

DOCUMENT # J83887

1. Entity Name
ORLANDO ALONSO ARCHITECTS, P.A.



Principal Place of Business

**5805 BLUE LAGOON DR
STE 200
MIAMI, FL 33126 US**

Mailing Address

**5805 BLUE LAGOON DR
STE 200
MIAMI, FL 33126 US**

DO NOT WRITE IN THIS SPACE



01272004 No Chg-P CR2E034 (10/03)

4. FEI Number

59-2833870

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ALONSO, ORLANDO JR
8900 SW 117 AVE.
STE C205
MIAMI, FL 33183**

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$350.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME ALONSO, ORLANDO JR.
STREET ADDRESS 5805 BLUE LAGOON DR., SUITE 200
CITY-ST-ZIP MIAMI, FL 33126

TITLE VD
NAME ALONSO, ORLANDO SR.
STREET ADDRESS 5805 BLUE LAGOON DR., SUITE 200
CITY-ST-ZIP MIAMI, FL 33126

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000036982
02/06/04-80078-012 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/04

Date

305 595 3095

Daytime Phone #