## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P00000053786

Entity Name: ALONSO AUTO SALES CORP.

FILED Mar 22, 2005 Secretary of State

Current Principal Place of Business:	New Principal Place of Business
Cullent Finicipal Flace of Dusiness.	New Fillicipal Flace of Dusiliess

2510 PALM AVE HIALEAH, FL 33010

Current Mailing Address: New Mailing Address:

2510 PALM AVE HIALEAH, FL 33010

FEI Number: 65-0276132 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

ALONSO, SAMUEL

864 WEST 69 ST.

HIALEAH, FL 33014 US

ALONSO, SAMUEL

2510 PALM AVE

HIALEAH, FL 33010 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: SAMUEL ALONSO 03/22/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP ( ) Delete Title: DP (X) Change ( ) Addition Name: ALONSO, SAMUEL DP (X) Change ( ) Addition Name: ALONSO, SAMUEL

 Name:
 ALONSO, SAMUEL
 Name:
 ALONSO, SAMUEL

 Address:
 864 W 69 ST
 Address:
 2510 PALM AVE

 City-St-Zip:
 HIALEAH, FL 33014
 City-St-Zip:
 HIALEAH, FL 33010

Title: DST () Delete Title: DST (X) Change () Addition

 Name:
 ALONSO, IVIS J
 Name:
 ALONSO, IVIS J

 Address:
 864 W 69 ST
 Address:
 2510 PALM AVE

 City-St-Zip:
 HIALEAH, FL 33014
 City-St-Zip:
 HIALEAH, FL 33010

Title: DV (X) Delete Title: ( ) Change ( ) Addition

 Name:
 ALONSO, MARÍA
 Name:

 Address:
 864 W 69 ST
 Address:

 City-St-Zip:
 HIALEAH, FL 33014
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: SAMUEL ALONSO DP 03/22/2005