


**-2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 18, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P01000000834  
 1. Entity Name  
 ALONSO HEARING AID, CORP



Principal Place of Business  
 9445 SW 40 ST SUITE 106  
 MIAMI, FL 33165

Mailing Address  
 9445 SW 40 ST SUITE 106  
 MIAMI, FL 33165

**DO NOT WRITE IN THIS SPACE**



01072005 No Chg-P CR2E034 (10/03)

4. FEI Number  
 65-1065758 Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

ALONSO, CARLOS M  
 983 SW 143 PL  
 MIAMI, FL 33184

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent, and title if applicable. (NOTE Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

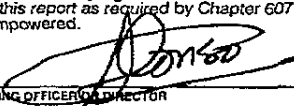
10. OFFICERS AND DIRECTORS

TITLE	PSD
NAME	ALONSO, CARLOS M
STREET ADDRESS	983 SW 143 PL
CITY - ST - ZIP	MIAMI, FL 33184
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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 01/20/05-80003-025 150.00

**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: Carlos M. Alonso  01/14/05 (305) 480-3737  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER/DIRECTOR Date Daytime Phone #