

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91256 027 ***150.00

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1. Entity Name
M & J ALFONSO CORPORATION

Principal Place of Business

5361 NW 201 ST ST
MIAMI, FL 33055

Mailing Address

5361 NW 201 ST ST
MIAMI, FL 33055

34083774



2. Principal Place of Business

5891 West 30T

Suite, Apt. #, etc.

Hialeah FL

City & State

3. Mailing Address

5891 West 30T

Suite, Apt. #, etc.

Hialeah FL

City & State

04282004

Chg-P

CR2E034 (10/03)

4. FEI Number

65-1112178

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ALFONSO, JULIO
5361 NW 201 ST ST
MIAMI, FL 33055

7. Name and Address of New Registered Agent

Name **ALFONSO Julio**

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

5891 W 30T

City **Hialeah**

FL

Zip Code

33012

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 \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **DPT**
STREET ADDRESS **ALFONSO, JULIO**
CITY- ST- ZIP **5361 NW 201 ST ST**
MIAMI, FL 33055

TITLE ☐ Delete
NAME **DVS**
STREET ADDRESS **MAURENCE, MAYRA**
CITY- ST- ZIP **5361 NW 201 ST ST**
MIAMI, FL 33055

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

Julio Alfonso
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/04
Date

(786) 2582706
Daytime Phone #