

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90248 006 ***158.75

2010651 AV

DOCUMENT # P02000042387

1. Entity Name
ALMONSO, INC.



Principal Place of Business
**8625 SW 152 AV.
243
MIAMI FL 33193**

Mailing Address
**9633 SW 134 PLACE
MIAMI FL 33186**



2. Principal Place of Business

Suite, Apt. #, etc.
243

City & State
MIAMI, FL

Zip
33193

Country
U.S.A.

3. Mailing Address
8625 SW 152 AV.

Suite, Apt. #, etc.
243

City & State
MIAMI, FL

Zip
33193

Country
U.S.A.

4. FEI Number
01-0684786

Applied For
 Not Applicable

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

MONTEALEGRE, CORA E
8625 SW 152 AVE.
#243
MIAMI FL 33193

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE PT	<input type="checkbox"/> Delete
NAME MONTEALEGRE, MARTHA G	
STREET ADDRESS 8625 SW 152 AV. #243	
CITY-ST-ZIP MIAMI FL 33193	
TITLE S	<input type="checkbox"/> Delete
NAME MONTEALEGRE, JORGE A	
STREET ADDRESS 8625 SW 152 AV. #243	
CITY-ST-ZIP MIAMI FL 33193	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *MARTHA G. MONTEALEGRE* **MARTHA G. MONTEALEGRE 02-19-03 305-408-8428**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)