

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 07, 2008 08:00 A
Secretary of State

DOCUMENT # P04000007891

1. Entity Name
AUSENCIO ALONSO, INC.



Principal Place of Business

**6005 WICKHAM RD, UNIT K-13
MELBOURNE, FL 32934**

Mailing Address

**6005 WICKHAM RD, UNIT K-13
MELBOURNE, FL 32934**



03042008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
56-2456352

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**ALONSO, AUSENCIO
1783 TRADEWINDS AVE., SE
PALM BAY, FL 32909**

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

U000000851008
03/25/08-80021-016 150.00

10. OFFICERS AND DIRECTORS

TITLE	DPT
NAME	ALONSO, AUSENCIO
STREET ADDRESS	1783 TRADEWINDS AVE SE
CITY-ST-ZIP	PALM BAY, FL 32907
TITLE	DVP
NAME	BADILLO, ANDRE
STREET ADDRESS	817 N. HARBOUR CITY BLVD., APT 2
CITY-ST-ZIP	MELBOURNE, FL 32935
TITLE	DVP
NAME	MARTINEZ, NICOLASA
STREET ADDRESS	393 BRECKENRIDGE CIRCLE
CITY-ST-ZIP	PALM BAY, FL 32909
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

Date

Daytime Phone #

3/4/08