

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 14, 2008 08:00 A
Secretary of State

DOCUMENT # P04000110433

1. Entity Name
ALONSO FAMILY CORPORATION



Principal Place of Business
**13 OAK AVE
PALM HARBOR, FL 34684**

Mailing Address
**13 OAK AVE
PALM HARBOR, FL 34684**



04072008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1463561	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**ALONSO, ANTONIO
13 OAK AVE
PALM HARBOR, FL 34684**

**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**

U00000894622
04/24/08-80035-025 150.00

10. OFFICERS AND DIRECTORS

TITLE	P/D
NAME	ALONSO, ANTONIO
STREET ADDRESS	13 OAK AVE
CITY-ST-ZIP	PALM HARBOR, FL 34684

TITLE	V/D
NAME	ALONSO, MARINA
STREET ADDRESS	13 OAK AVE
CITY-ST-ZIP	PALM HARBOR, FL 34684

TITLE	S/D
NAME	ALONSO, CAROLINA
STREET ADDRESS	13 OAK AVENUE
CITY-ST-ZIP	PALM HARBOR, FL 34684

TITLE	T/D
NAME	ALONSO, RICARDO
STREET ADDRESS	13 OAK AVENUE
CITY-ST-ZIP	PALM HARBOR, FL 34684

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Marina Alonso **MARINA ALONSO** 4-11-08 727-937-4663
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #