2007 FOR PROFIT CORPORATION

FILED **ANNUAL REPORT** DOCUMENT # P04000152443 2007 JUL -9 PH 5: 09 ALONSO SPECIALTY CONTRACTOR, INC. SECRETARY OF STATE TALLAHASSEE. FLORIDA Principal Place of Business Mailing Address 6002 W KNOX ST 6002 W KNOX ST TAMPA, FL 33634 **TAMPA, FL 33634** 07062007 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 20-1847230 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent, ALONSO GONZALEZ, MICHAEL DO NOT WRITE 6002 W KNOX ST TAMPA, FL 33634 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) 9. Election Campaign Financing FILE NOW!!! FEE IS \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees Due by September 14, 2007 10. OFFICERS AND DIRECTORS 3(20107 90011 043 150.00 TITLE NAME ALONSO GONZALEZ, MICHAEL STREET ADDRESS 6002 W KNOX ST CITY-ST-ZIP TAMPA, FL 33634 TITLE NAME CRUZ, MIGUEL A STREET ADDRESS 6002 W KNOX ST CITY-ST-ZIP **TAMPA, FL 33634** TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAMÉ STREET ADDRESS

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 instee 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 addition, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP

ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALONSO SPECIALTY CONTRACTOR INC 6002 W KNOX STREET TAMPA FL 33634

July 7, 2007

Florida Department of State Division of Corporations P O Box 6327 Tallahassee FL 32314

Ref: 2007 Notice of Dissolution Doc# P04000152443

To Whom It May Concern:

In response to your Notice of dissolution for the above entity; I am enclosing copy of our check #1123, dated March 3, 2007 sent in with my 2007 Annual Report;

The check was cashed by the Department. So, I assumed that I have complied for year 2007, until I received this Dissolution Notice.

I have not received any other communication from the department notifying me that I was at risk of Dissolution.

I am enclosing a second 2007 Annual Report as advice by the Department and requesting that the penalty be waived due to a NON RECEIPT of correspondence regarding my 2007 filing.

Cordially

Michael Mionso Gonzales,

President