

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P06000016742

1. Entity Name
ALONSO DIESEL REPAIR INC



Principal Place of Business
200 EAST 60 ST
HIALEAH, FL 33013

Mailing Address
200 EAST 60 ST
HIALEAH, FL 33013

2. Principal Place of Business - No P.O. Box #
810 Robert Ave

3. Mailing Address
810 Robert Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lehigh Acres FL

City & State

Lehigh Acres

Zip

33972

Country

Zip

33972

Country

6. Name and Address of Current Registered Agent

ALONSO, CLAUDIO J
200 EAST 60 ST
HIALEAH, FL 33013

Name *Claudio J. Alonso*

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

810 Robert Ave

City

Lehigh Acres

FL

Zip Code *33972*

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 *V. Alonso*

Signature, typed or printed name of registered agent and title if applicable

(NOTE Registered Agent signature required when reinstating)

DATE

4-6-07

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE DP Delete
NAME ALONSO, CLAUDIO J
STREET ADDRESS 200 EAST 60 ST *810 Robert Ave*
CITY-ST-ZIP HIALEAH, FL 33013 *Lehigh Acres, FL*

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP *33972*

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
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TITLE Change Addition
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CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 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: *V. Alonso*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-6-07

Date

305-726-1611

Daytime Phone #

**FILED
Apr 16, 2007 8:00 am
Secretary of State**

04-16-2007 90067 011 ***150.00

400067100



04062007 Chg-P CR2E034 (12/06)

4. FEI Number *93-2097827* Applied For
 Not Applicable

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