


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2007 8:00 am
Secretary of State

04-05-2007 90136 026 ***150.00

DOCUMENT # P06000074166

1. Entity Name
ALONSO DISTRIBUTOR A.D. CORP



Principal Place of Business Mailing Address

**4385 SW 115 AVE,
 MIAMI, FL 33165** **4385 SW 115 AVE,
 MIAMI, FL 33165**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

10905 SW 239 TERRACE **10905 SW 239 TERRACE**

Suite, Apt. #, etc. Suite, Apt. #, etc.


City & State City & State

HOMESTEAD FL **HOMESTEAD FL**

Zip Country Zip Country

33032 **MIAMI-DDB** **33032** **MIAMI-DDB**

4000011



03122007 Chg-P CR2E034 (12/06)

4. FEI Number Applied For

71-1003673 Not Applicable

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

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

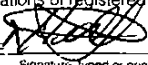
**ALONSO, HECTOR L
 4385 SW 115 AVE.
 MIAMI, FL 33165**

Name **HECTOR L ALONSO**

Street Address (P.O. Box Number is Not Acceptable) **10905 SW 239 TERRACE**

City **HOMESTEAD** State **FL** Zip Code **33032**

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:  DATE: **3/12/07**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALONSO, HECTOR L	NAME	HECTOR L ALONSO
STREET ADDRESS	4385 SW 115 AVE	STREET ADDRESS	10905 SW 239 TERRACE
CITY-ST-ZIP	MIAMI, FL 33165	CITY-ST-ZIP	HOMESTEAD FL 33032
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:  DATE: **3/12/07** DAYTIME PHONE #: **786 564 3541**

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