

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000086242

Entity Name: ANTONIO ALONSO, P.A.

FILED
Jun 24, 2009
Secretary of State

Current Principal Place of Business:

150 ALHAMBRA CIRCLE
SUITE # 1240
CORAL GABLES, FL 33134

New Principal Place of Business:

8091 SW 119 CT
MIAMI, FL 33183

Current Mailing Address:

PO BOX 836087
MIAMI, FL 33283

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALONSO, ANTONIO
150 ALHAMBRA CIRCLE
SUITE # 1240
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

ALONSO, ANTONIO
8091 SW 119 CT
MIAMI, FL 33183 US

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.

SIGNATURE: ANTONIO ALONSO, ESQ.

06/24/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ALONSO, ANTONIO
Address: 150 ALHAMBRA CIRCLE, SUITE # 1240
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: ALONSO, ANTONIO
Address: PO BOX 836087
City-St-Zip: MIAMI, FL 33283

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANTONIO ALONSO, ESQ.

D

06/24/2009

Electronic Signature of Signing Officer or Director

Date