


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 07, 2008 8:00 am**  
**Secretary of State**

07-07-2008 90001 038 \*\*\*150.00

<b>DOCUMENT # P93000088155</b>	
1. Entity Name <b>ALONDRA, INC.</b>	

Principal Place of Business <b>11306 MILLPOND GREENS DRIVE BOYNTON BEACH, FL 33437</b>	Mailing Address <b>11306 MILLPOND GREENS DRIVE BOYNTON BEACH, FL 33437 US</b>
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2. Principal Place of Business - No P.O. Box # <b>20421 NE 10 CT. Rd.</b>	3. Mailing Address <b>20421 NE 10 CT Rd</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>MIAMI FL.</b>	City & State <b>MIAMI FL.</b>
Zip <b>33179</b>	Country <b>US</b>



07022008 Chg-P CR2E034 (12/06)

4. FEI Number <b>65-0505728</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>POVEDA, DONATO PD 11306 MILLPOND GREENS DRIVE BOYNTON BEACH, FL 33437</b>	
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7. Name and Address of New Registered Agent Name <b>Carolina Poveda</b> Street Address (P.O. Box Number is Not Acceptable) <b>20421 NE 10 CT. RD.</b> City <b>MIAMI</b> FL Zip Code <b>33179</b>	
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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 <u><b>Carolina Poveda S/D</b></u> DATE <b>07/02/08</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
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<b>FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PD POVEDA, DONATO 11306 MILLPOND GREENS DRIVE BOYNTON BEACH, FL 33437</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>20421 NE 10 CT RD MIAMI FL 33179</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>SD POVEDA, CAROLINA 11306 MILLPOND GREENS DRIVE BOYNTON BEACH, FL 33437</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>20421 NE 10 CT RD MIAMI FL 33179</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <u><b>Carolina Poveda S/D</b></u> DATE <b>07/02/08</b> DAYTIME PHONE # <b>305 607-8280</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	
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