

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P94000079475

1. Entity Name
ALSONIC INVESTMENTS, INC.



Principal Place of Business
1770 22ND AVENUE NORTH
LAKE WORTH, FL 33460

Mailing Address
PO BOX 1089
LAKE WORTH, FL 33460

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07092007

Chg-P

CR2E034 (12/06)

4. FEI Number
65-0534299

Applied For
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

ALI, MOHAMED
1770 22ND AVE NORTH
LAKE WORTH, FL 33460

Name

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

City

FL

Zip Code

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)

DATE

Amended AR is \$61.25

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 PTD ☒ Delete
NAME ALI, MOHAMED
STREET ADDRESS P.O BOX 1089
CITY- ST- ZIP LAKE WORTH, FL 33460

TITLE PTD ☐ Change ☐ Addition
NAME ALI, ALEX
STREET ADDRESS P.O. BOX 1089
CITY- ST- ZIP LAKE WORTH, FL 33460

TITLE SVD ☒ Delete
NAME ALI, SARA V
STREET ADDRESS P.O BOX 1089
CITY- ST- ZIP LAKE WORTH, FL 33460

TITLE SVD ☐ Change ☐ Addition
NAME ALI, YADERA
STREET ADDRESS P.O. BOX 1089
CITY- ST- ZIP Lake Worth, FL 33460

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME 100108387521
STREET ADDRESS 08/21/07--01054--004 **61.25
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

07 AUG -1 AM 6:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



7/13/07