


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 14, 2004 08:00 AM
Secretary of State

DOCUMENT # P95000039388	
1. Entity Name ALONSO STUDIO INC.	

Principal Place of Business 4995 S. E. MARINER VILLAGE LANE STUART, FL 34997	Mailing Address 4995 S. E. MARINER VILLAGE LANE STUART, FL 34997
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DO NOT WRITE IN THIS SPACE



07072004 No Chg-P CR2E034 (10/03)

4. FEI Number 13-2744379	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ALONSO, ANTHONY M 4995 S. E. MARINER VILLAGE LANE STUART, FL 34997

**DO NOT WRITE
IN THIS SPACE**

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  (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

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

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P ALONSO ANTHONY M 4995 SW MARINER VILLAGE LANE STUART, FL
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**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  7-13-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #