
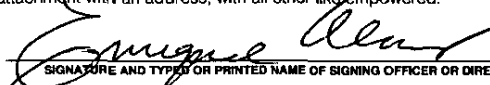


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 08, 2004 8:00 am**  
**Secretary of State**

04-08-2004 90026 018 \*\*\*150.00

DOCUMENT # P99000102154			
1. Entity Name ALONSO MANAGEMENT CORP.			
Principal Place of Business 4256 SW 73 AVE MIAMI, FL 33755		Mailing Address PO BOX 55-8365 MIAMI, FL 33255-8365	
2. Principal Place of Business 10740 S.W. 24 St.		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Miami, FL		City & State	
Zip 33165	Country USA	Zip	Country
6. Name and Address of Current Registered Agent DE RIBEAUX, GUSTAVO M 2903 SALZEDO ST CORAL GABLES, FL 33134		7. Name and Address of New Registered Agent Name Enrique Alonso Jr Street Address (P.O. Box Number is Not Acceptable) 10740 SW 24 Street City Miami FL Zip Code 33165	
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: Enrique Alonso Jr DATE: 4/5/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALONSO, ENRIQUE <del>4256 SW 73 AVE</del> MIAMI, FL 33155 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10740 S.W. 24 Street Miami, FL 33165
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALONSO, CARIDAD <del>4256 SW 73 AVE</del> MIAMI, FL 33155 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10740 S.W. 24 Street Miami, FL 33165
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
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 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:  ENRIQUE ALONSO		DATE: 4/6/04	DAYTIME PHONE #: 305-226-4010

94047283



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