


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 08, 2007 8:00 am**  
**Secretary of State**

03-08-2007 90022 046 \*\*\*150.00

DOCUMENT # P99000102154					
1. Entity Name ALONSO MANAGEMENT CORP.					
Principal Place of Business 10740 SW 24 ST. MIAMI, FL 33165			Mailing Address PO BOX 55-8365 MIAMI, FL 33255-8365		
2. Principal Place of Business - No P.O. Box # 10748 SW 24 St		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Miami FL		City & State		4. FEI Number 65-0969251	
Zip 33165		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ALONSO, ENRIQUE JR 10740 SW 24 ST. MIAMI, FL 33165			Name		
			Street Address (P.O. Box Number is Not Acceptable) 10748 SW 24 St		
			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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		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	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ALONSO, ENRIQUE		NAME	10748 SW 24 St	
STREET ADDRESS	10740 SW 24 ST.		STREET ADDRESS	Miami FL 33165	
CITY-ST-ZIP	MIAMI, FL 33165		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ALONSO, CARIDAD		NAME	10748 SW 24 St	
STREET ADDRESS	10740 SW 24 ST.		STREET ADDRESS	Miami FL 33165	
CITY-ST-ZIP	MIAMI, FL 33165		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 links empowered.					
SIGNATURE: <i>Enrique Alonso</i>			Date: 2/28/07 305-226-3050		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		