

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000048884

**FILED**  
**Jan 22, 2015**  
**Secretary of State**  
**CC2830589755**

**Entity Name:** ALFONSO INVESTMENTS, INC.

**Current Principal Place of Business:**

51 WEST 63RD STREET  
HIALEAH, FL 33012

**Current Mailing Address:**

51 WEST 63RD STREET  
HIALEAH, FL 33012

**FEI Number:** 30-0074897

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ALFONSO, JOSE D  
51 WEST 63RD STREET  
HIALEAH, FL 33012 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PD  
Name ALFONSO, JOSE D  
Address 51 WEST 63RD STREET  
City-State-Zip: HIALEAH FL 33012

Title VD  
Name ALFONSO, MARIA C  
Address 51 WEST 63RD STREET  
City-State-Zip: HIALEAH FL 33012

Title SD  
Name ALFONSO, ELIO  
Address 51 WEST 63RD STREET  
City-State-Zip: HIALEAH FL 33012

Title TD  
Name ALFONSO, NORMA  
Address 51 WEST 63RD STREET  
City-State-Zip: HIALEAH FL 33012

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** JOSE ALFONSO

**PRESIDENT**

**01/22/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date