## 2007 FOR PROFIT CORPORATIÓN ANNUAL REPORT

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## DOCUMENT # P04000165881

1. Entity Name

BONGIOVI MEDIA & TECHNOLOGY, INC.



US

FILED
May 01, 2007 08:00 AM
Secretary of State

Principal Place of Business

Mailing Address

649 SW WHITMORE DRIVE PORT ST. LUCIE, FL 34984

US

649 SW WHITMORE DRIVE PORT ST. LUCIE, FL 34984



04302007

No Chg-P

CR2E034 (11/05)

4. FEI Number 20-2312759

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BUTERA, JOSEPH G JR 649 SW WHITMORE DRIVE PORT ST. LUCIE, FL 34984

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	named entity submits this statement for the plions of registered agent.	Durpose of changing its registere	d office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept		
SIGNATURE	Signature, typed or printed name of registered agent and title	I applicable (NOTE: Registered	Agent signaturi	s required when reinstating)	DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00  9. Election Campaign Finance Trust Fund Contribution.			cing	\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIREC	CTORS		· · · · · · · · · · · · · · · · · · ·			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BUTERA, JOSEPH G JR 649 SW WHITMORE DRIVE PORT ST. LUCIE, FL 34984						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SIMMONS, RONALD 649 SW WHITMORE DRIVE PORT ST. LUCIE, FL 34984				U00000750624 05/18/07-80071-004 150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE							

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 eath; that I am an officer or director of the corporation or the receiver or trustee expowered 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:

NAME STREET ADDRESS

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/07 172-879.0578

Daylime Phone #