


2005 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Mar 03, 2005 08:00 AM
Secretary of State

DOCUMENT # P95000096763
 1. Entity Name
 BIONNE, INC.



Principal Place of Business 201 SOUTH BISCAYNE BLVD. 34TH FLOOR - MIAMI CENTER MIAMI, FL 33131	Mailing Address 201 SOUTH BISCAYNE BLVD. 34TH FLOOR - MIAMI CENTER MIAMI, FL 33131
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01122005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0682038	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

FERRELL GROUP CORPORATE SERVICES, LLC
 201 S BISCAYNE BLVD., SUITE 3400
 MIAMI, FL 33131

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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)
 Signature, typed or printed name of registered agent and title if applicable DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P DEL ROSAL, JORGE L 201 SOUTH BISCAYNE BLVD. STE 3400 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEL ROSAL, ZOILA C 201 SOUTH BISCAYNE BLVD. STE 3400 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTS DEL ROSAL, JORGE JR 201 SOUTH BISCAYNE BLVD. STE 3400 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEL ROSAL CABRERA, VIRGINIA 201 SOUTH BISCAYNE BLVD. STE 3400 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEL ROSAL WILSON, ELENA 201 SOUTH BISCAYNE BLVD. STE 3400 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 03/04/05-80014-007 150.00

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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:  Date: 2/17/05 Daytime Phone #: 305 661 8286

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Elena del Rosal Wilson, Director