

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000014597

FILED
Feb 14, 2005
Secretary of State

Entity Name: BONITA HOLIDAYS SOUTH WEST FLORIDA WABA GROUP, INC.

Current Principal Place of Business:

26450 SUNDERLAND DR., #2202
BONITA SPRINGS, FL 34135

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 279
BONITA SPRINGS, FL 34133

New Mailing Address:

FEI Number: 65-0668079

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALURE ACCOUNTING, LLC
28000 SPANISH WELLS BLVD
BONITA SPRINGS, FL 34135 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPT () Delete
Name: WAMBERSKI, RUDI
Address: 26450 SUNDERLAND DR #2202
City-St-Zip: BONITA SPRINGS, FL 34135

Title: DVS () Delete
Name: WAMBERSKI, OLIVER
Address: 26450 SUNDERLAND DR #2202
City-St-Zip: BONITA SPRINGS, FL 34135

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: RUDI WAMBERSKI

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02/14/2005

_____ Electronic Signature of Signing Officer or Director

_____ Date