

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000029469

FILED  
Apr 22, 2006  
Secretary of State

Entity Name: BONAVENTURE REAL ESTATE, INC.

## Current Principal Place of Business:

2525 PONCE DE LEON, SUITE 400  
C/O ROBERT B. MACAULAY  
MIAMI, FL 33134

## New Principal Place of Business:

## Current Mailing Address:

JBC SJO NO. 6061  
BOX 025240  
MIAMI, FL 33102

## New Mailing Address:

FEI Number: 65-0910356      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MACAULAY, ROBERT B  
2525 PONCE DE LEON, SUITE 400  
MIAMI, FL 33134 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: PD ( ) Delete  
Name: MARIN, MARIO  
Address: 2525 PONCE DE LEON BLVD., SUITE 400  
City-St-Zip: MIAMI, FL 33134

Title: VD ( ) Delete  
Name: ESQUIVEL, RODRIGO  
Address: 2525 PONCE DE LEON BLVD., SUITE 400  
City-St-Zip: MIAMI, FL 33134

Title: SD ( ) Delete  
Name: ORLICH, RICARDO  
Address: 2525 PONCE DE LEON BLVD., SUITE 400  
City-St-Zip: MIAMI, FL 33134

Title: TD ( ) Delete  
Name: AGUILAR, SERGIO  
Address: 2525 PONCE DE LEON, SUITE 400  
City-St-Zip: MIAMI, FL 33134

Title: AS ( ) Delete  
Name: MACAULAY, ROBERT B  
Address: 2525 PONCE DE LEON, SUITE 400  
City-St-Zip: MIAMI, FL 33134

Title: AS ( ) Delete  
Name: JENKINS, FEDERICO  
Address: 2525 PONCE DE LEON, SUITE 400  
City-St-Zip: MIAMI, FL 33134

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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 Chapter 119, 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: FEDERICO JENKINS

AS

04/22/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date