

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 08, 2004 8:00 am**  
**Secretary of State**

07-08-2004 90187 039 \*\*\*150.00

**DOCUMENT # P95000030995**

1. Entity Name  
**BONITA MIAMI BEACH INVESTMENTS, INC.**



Principal Place of Business  
**200 S. BISCAYNE BLVD.  
 SUITE 3200  
 MIAMI, FL 33131**

Mailing Address  
**200 S. BISCAYNE BLVD.  
 SUITE 3200  
 MIAMI, FL 33131**



07012004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0591568</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**DEL-VALLE, M.CRISTINA  
 801 BRICKELL AVE.  
 SUITE 1901  
 MIAMI, FL 33131**

**DO NOT WRITE  
 IN THIS SPACE**

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) \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00  
 Due by September 8, 2004**

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	PSD VON DELLINGHAUSEN, IRENE AV. EPITACIO PESSO A, 100 APT. 401 RIO DE JANEIRO BRAZIL 22410,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TVD SINGERY-FERRAZ, CLAUDIA S AV. EPITACIO PESSO A, 100 APT. 401 RIO DE JANEIRO BRAZIL 22410,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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*RE P95 0000 30995  
 Bonita Miami Beach  
 Investments Inc  
 F65-0591568  
 ANNUAL REPORT FEE 2004  
 \$150.00  
 Please note that we did  
 not receive Report (2004)  
 previously thanks.  
 7-1-04*

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: Irene A. von Dellingshausen** **7-1-04** **305-372-7033**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #