

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000106372

**Entity Name:** BONILLA APPLIANCE REPAIR INC.

**Current Principal Place of Business:**

5007 NE 2ND WAY  
POMPANO BEACH, FL 33064

**Current Mailing Address:**

11954 NARCOOSEE RD  
2 PMB # 197  
ORLANDO, FL 32832 US

**FEI Number:** 20-0256060

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

BONILLA, HAROLD A  
5007 NE 2ND WAY  
POMPANO BEACH, FL 33064 US

*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

**Officer/Director Detail :**

Title P  
Name BONILLA, HAROLD A  
Address 5007 NE 2ND WAY  
City-State-Zip: POMPAN0 BEACH FL 33064

Title VP  
Name GARCIA, MONICA  
Address 5007 NE 2ND WAY  
City-State-Zip: POMPAN0 BEACH FL 33064

*I hereby 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 all other like empowered.*

**SIGNATURE:** HAROLD BONILLA

P

02/01/2024

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date