2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE

Feb 28, 2004 08:00 AM **DOCUMENT # 205534 Secretary of State** 1. Entity Name BONIELLO HOMES, INC. Mailing Address Principal Place of Business 87 N.E. 44 ST., SUITE 5 FT. LAUDERDALE FL 33334 87 N.E. 44 ST., SUITE 5 FT. LAUDERDALE FL 33334 2. Principal Place of Business 3. Mailing Address Suite, Apr. #, etc. Suite, Apt #, etc CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 59-1087144 Not Applicable \$8.75 Additional Ζιρ Country Zιρ Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name **BONIELLO, ROSE MARIE** Street Address (P.O. Box Number is Not Acceptable) 87 N.E. 44 ST., SUITE 5 FORT LAUDERDALE FL 33334 Zip Code City 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 Signaturo, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. TITLE ☐ Change ☐ Addition TITLE Delete NAME BONIELLO, JOHN NAME J000000071264 87 N.E. 44 ST., SUITE 5 STREET ADDRESS STREET ADDRESS Ú3/01/Ú4-80064-N06 159.**7**5 C67Y-ST-782 CITY-ST-ZIP FORT LAUDERDALE FL Change Addition TITLE ST Delete THEF BONIELLO, ROSE M. NAME NAME STREET ADDRESS 87 N.E. 44 ST., SUITE 5 STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE FL CITY - ST-ZIP TITLE ☐ Change ☐ Addition 3118 ☐ Delete NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP C87Y-ST-78P TITLE ☐ Delete TIRLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CHTY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition HILE NAME MARKE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TETLE ☐ Defete TITLE MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-23P CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 suppliemental 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

Rose Marie Boniello 2/25/04

FILED