2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 605388

1. Entity Name BONAVISTA HOLDINGS, INC.

Principal Place of Business

120 SOUTH UNIVERSITY DR

SUITE B

PLANTATION, FL 33324

Mailing Address

120 SOUTH UNIVERSITY DRIVE

SUITE B

DO NOT WRITE IN THIS SPACE

PLANTATION, FL 33324



FILED

Feb 02, 2004 08:00 AM Secretary of State

01202004

No Chg-P

CR2E034 (10/03)

4. FEI Number 59-1868796

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FEINSTEIN, MARVIN, ESQ. 120 SOUTH UNIVERSITY DRIVE SUITE B PLANTATION EL 33324

DO NOT WRITE IN THIS SPACE

SUITE B PLANTATION, FL 33324			IN THIS SPACE		
	rianied entity submits this statement for the prions of registered agent.	urpose of changing its register	ed office or r	egistered agent, or bo	its, in the State of Florida. I am familiar with, and accept
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Final Trust Fund Contribution.				\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS			
TITLE NAME STREET ADDRESS OTTY-ST-ZIP	VPD FEINSTEIN, BARRY 1384 GREENE AVENUE SUITE 300 MONTREAL, QUEBEC CANADA, H3	Z 281			
TITLE NAME SIREET AODRESS CITY-SI-ZIP	PD FEINSTEIN, MARVIN 120 SOUTH UNIVERSITY DR. SUITE B PLANTATION, FL. 33324				02/04/04-80029-011 150.00
Title Name Streft Address City-St-Zip				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		-		IN.	THIS SPACE
TITLE NAME STREET AODRESS CHY-ST-ZIP					
TITLE NAME STREET ADDRESS ONLY-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 1 further certify that the information					

indicated on this report or suppliemental report is true and accurate and trial 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: ////WW MANNING

Date Daytime Phon