2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jul 29, 2004 8:00 am Secretary of State

07-29-2004 90004 044 ****61.25

DOCUMENT # 757247 1. Entity Name THE PRESIDENTS COUNCIL OF BONAVENTURE, INC.						0, 2, 2			01.20
Principal Place of Business 16690 SADDLE CLUB RD FT LAUDERDALE, FL 33326		Mailing Address 16690 SADDLE CLUB RD FT LAUDERDALE, FL 33326			 	a nn iberbirdu sien ib	II 01511	4065	
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			07162004	Chg-NP	CR2E03	37 (10/03)	
City & Stat		City & State			4. FEI Number NOT API	PLICABLE			oplied For at Applicable
Zip	Country	Zip	Country			of Status Desired		\$8.75 Add Fee Require	
- -	6. Name and Address of Current	Registered Agent	Name .			Address of New	Registered /	Agent	
FINE, GERALD (16091 BLATT BLVD)			Street Address (P.O. Box Number is Not Acceptable)						
#301 WESTON,	FL 33326		169	<u> </u>	3LATT	BLVD	# 2	<u> </u>	···
			City) E S	TON		FL	Zip Cod	2 2 4
	named entity submits this statement for ions of registere pagent.	r the purpose of changing its re	gistered office of	r register	ed agent, or both		lorida. I am	familiar with,	and accept
SIGNATURE	Now Schille	w LORI	SCHIL	LER	TREASO	IRER	2/	27/09	<i>f</i>
	Signature, typed or printed name of registered agent i	and title if applicable. (NOTE; R	egistered Agent signal				DATE		
(Significe. Speed or printed name of registered egents Filling Fee is \$61.25 ue by September 8, 2004	9. Election Camp Trust Fund Cor	aign Financing			•	DATE Make checi orida Depar		
10.	Filling Fee is \$61.25	9. Election Camp Trust Fund Cor	aign Financing	ure required	\$5.00 May Be Added to Fees	•	Make checi orlda Depar	tment of S	tate
	Filing Fee is \$61.25 ue by September 8, 2004 OFFICERS AND DIF PD FINE, GERALD 16091 BLATT BLVD	9. Election Camp Trust Fund Cor	aign Financing ntribution. 11. TITLE NAME STREET ADDRESS	PD TO1	\$5.00 May Be Added to Fees ADDITIONS/CHA	FINGES TO OFFICE	Make checi orida Depar ERS AND DI	tment of S	tate
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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 617, 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:

Son Schiller LORI SCHILLE
SMANTURE AND TWED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/27/04 305-820-6708