


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2008 8:00 am**  
**Secretary of State**

04-25-2008 90144 012 \*\*\*150.00

<b>DOCUMENT # F07000002291</b> 1. Entity Name <b>BONITATEX, INC.</b>			
Principal Place of Business <b>2385 NW EXECUTIVE CENTER DRIVE SUITE 100 BOCA RATON, FL 33431</b>		Mailing Address <b>2385 NW EXECUTIVE CENTER DRIVE SUITE 100 BOCA RATON, FL 33431</b>	
2. Principal Place of Business - No P.O. Box # <b>2313 NW 59th St.</b> Suite, Apt. #, etc.		3. Mailing Address <b>2313 NW 59th St.</b> Suite, Apt. #, etc.	
City & State <b>Boca Raton, FL</b> Zip <b>33496</b>		City & State <b>Boca Raton, FL</b> Zip <b>33496</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>20-8233217</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>SUAREZ, DEIRDRA ANN 2385 NW EXECUTIVE CTR DR SUITE 100 BOCA RATON, FL 33431</b>		7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable) <b>2313 NW 59th St.</b>  City <b>Boca Raton</b> FL Zip Code <b>33496</b>	
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 <u><i>Deirdra Ann Suarez</i></u> DATE <u>4/14/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	C <input type="checkbox"/> Delete	TITLE	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
NAME	MISHAAN, ALLAN ROY	NAME	
STREET ADDRESS	2385 NW EXECUTIVE CENTER DRIVE, SUITE 100	STREET ADDRESS	<b>2313 NW 59th St.</b>
CITY - ST - ZIP	BOCA RATON, FL 33431	CITY - ST - ZIP	<b>Boca Raton, FL 33496</b>
TITLE	PVPT <input type="checkbox"/> Delete	TITLE	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
NAME	MISHAAN, L RACHELLE	NAME	
STREET ADDRESS	2385 NW EXECUTIVE CENTER DR, SUITE 100	STREET ADDRESS	<b>2313 NW 59th St.</b>
CITY - ST - ZIP	BOCA RATON, FL 33431	CITY - ST - ZIP	<b>Boca Raton, FL 33496</b>
TITLE	S <input type="checkbox"/> Delete	TITLE	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
NAME	SUAREZ, DEIRDRA ANN	NAME	
STREET ADDRESS	2385 NW EXECUTIVE CENTER DR, SUITE 100	STREET ADDRESS	<b>2313 NW 59th St.</b>
CITY - ST - ZIP	BOCA RATON, FL 33431	CITY - ST - ZIP	<b>Boca Raton, FL 33496</b>
TITLE	<input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u><i>Deirdra Ann Suarez</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE <u>4/14/08</u> DAYTIME PHONE # <u>561-237-5313</u>	