2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # J88329 2007 SEP 14 AM 9: 01 BONNIE'S OF JENSEN BEACH, INC. SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 3036 N.W. FEDERAL HWY 5421 SW 39TH AVE FT LAUDERDALE, FL 33312 JENSEN BEACH, FL 34957 US US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 09132007 CR2E034 (12/06) Chg-P City & State Applied For City & State 4. FEI Number 59-2847250 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SPINA, DANIEL C. Street Address (P.O. Box Number is Not Acceptable) 5421 SW 39 AVE FT LAUDERDALE, FL 33312 City Zip Code FL 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, the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$<u>5.00</u> May Be FILE NOW!!! FEE IS \$550.00 Trust Fund Contribution Added to Fees Due by September 14, 2007 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. VTD ☐ Change ☐ Addition TITLE ☐ Delete TITLE SPINA, DANIEL C. NAME NAME 00109774236 5421 SW 39TH AVE STREET ADDRESS STREET ADDRESS 09/21/07--01068--008 CITY-ST-ZIP FT LAUDERDALE, FL 33312 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-2IP ☐ Change ☐ Addition ☐ Delete TITLE 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 it ustee empty verent 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: PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

DANIEL C. SPINA