


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 01, 2004 8:00 am**  
**Secretary of State**

03-01-2004 90025 008 \*\*\*150.00

<b>DOCUMENT # K12991</b>	
1. Entity Name <b>BONWITT ENTERPRISES, INC.</b>	

Principal Place of Business <b>13814 SW 139TH CT MIAMI, FL 33186 US</b>	Mailing Address <b>13814 SW 139TH CT MIAMI, FL 33186 US</b>
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**54012943**

2. Principal Place of Business <b>14395 SW 139 CT</b>	3. Mailing Address <b>14395 SW 139 CT</b>
Suite, Apt. #, etc. <b>UNIT 109</b>	Suite, Apt. #, etc. <b>Unit 109</b>
City & State <b>Miami FL</b>	City & State <b>Miami FL</b>
Zip <b>33186</b>	Country <b>Miami Dade</b>
Zip <b>33186</b>	Country <b>Miami Dade</b>

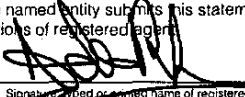
02232004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent <b>RODRIGUEZ, ANDRES 13814 SW 139 CT MIAMI, FL 33186</b>	
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4. FEI Number <b>65-0023533</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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7. Name and Address of New Registered Agent	
Name <b>Rodriguez, Andres</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>14395 SW 139 CT</b>	
<b>Unit 109</b>	
City <b>Miami</b>	FL Zip Code <b>33186</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 	<b>Andres Rodriguez</b>	<b>2-23-04</b>

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>DPT</b>	<input type="checkbox"/> Delete	TITLE <b>DPT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>RODRIGUEZ, ANDRES E</b>		NAME <b>Rodriguez, Andres E</b>	
STREET ADDRESS <b>13814 SW 139 CT</b>		STREET ADDRESS <b>14395 SW 139 CT UNIT 109</b>	
CITY-ST-ZIP <b>MIAMI, FL 33186</b>		CITY-ST-ZIP <b>Miami FL 33186</b>	
TITLE <b>DVPS</b>	<input type="checkbox"/> Delete	TITLE <b>DVPS</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>RODRIGUEZ, GLADYS L</b>		NAME <b>Rodriguez, Gladys L</b>	
STREET ADDRESS <b>13814 SW 139 CT</b>		STREET ADDRESS <b>14395 SW 139 CT UNIT 109</b>	
CITY-ST-ZIP <b>MIAMI, FL 33186</b>		CITY-ST-ZIP <b>Miami FL 33186</b>	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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 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.	
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SIGNATURE: 	<b>2-23-04 3052518228</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #