

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 08; 2005 08:00 AM
Secretary of State

DOCUMENT # K12991

1. Entity Name
BONWITT ENTERPRISES, INC.



Principal Place of Business

14395 SW 139 CT

UNIT 109

MIAMI, FL 33186 US

Mailing Address

14395 SW 139 CT

UNIT 109

MIAMI, FL 33186 US



02022005

No Chg-P

CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0023533

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RODRIGUEZ, ANDRES
14395 SW 139 CT
UNIT 109
MIAMI, FL 33186

**DO NOT WRITE
IN THIS SPACE**

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

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, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. **OFFICERS AND DIRECTORS**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPT
RODRIGUEZ, ANDRES E
14395 SW 139 CT UNIT 109
MIAMI, FL 33186

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVPS
RODRIGUEZ, GLADYS L
14395 SW 139 CT UNIT 109
MIAMI, FL 33186

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000219883
02/08/05-80046-011 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/05 3052518228

Date

Daytime Phone #