

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90691 036 ***150.00

DOCUMENT # K22651

1. Entity Name

BONILLA ENTERPRISES, INC.



Principal Place of Business

**RUTH DAVID OF BOCA
1799 SOUTH FEDERAL HWY.
BOCA RATON FL 33432
US**

Mailing Address

**915 W. 18TH STREET
HIALEAH FL 33010
US**

2. Principal Place of Business

3191 N FED HWY

3. Mailing Address

Suite, Apt. #, etc.

City & State

BOCA RATON

City & State

Zip

33431

Country

USA

Country

4. FEI Number

65-0050891

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BONILLA, PAUL
915 W 18 ST
HIALEAH FL 33010**

7. Name and Address of New Registered Agent

Name **PAUL BONILLA JR**
Street Address (P.O. Box Number is Not Acceptable)
15800 W PRESTWICK PL
City **MIAMI LAKES** **FL** Zip Code **33014**

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

4-26-04

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **BONILLA, PAUL JR.**
STREET ADDRESS **15800 W. PRESTWICK PLACE**
CITY-ST-ZIP **MIAMI LAKES FL**

TITLE **SD** ☐ Delete
NAME **BONILLA, MARIA**
STREET ADDRESS **15800 W. PRESTWICK PLACE**
CITY-ST-ZIP **MIAMI LAKES FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ Addition
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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, name or other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-04

Date

305-8848555

Daytime Phone #