2007 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
May 04, 2007 8:00 am
Secretary of State
05-04-2007 90103 025 ***150.00

DOCUMENT # K49043

1. Entity Name
C & R BUONOMO ENTERPRISES, INC.

Principal Place of Business	Mailing Address
~~5062 S.W. 121 AVENUE~~ ~~COOPER CITY, FL 33330 US~~	~~5062 S.W. 121 AVENUE~~ ~~COOPER CITY, FL 33330~~ US

04042007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1638 Leybourne loop	1638 Leybourne loop
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Wesley Chapel Fl	City & State: Wesley Chapel Fl
Zip: 33543 Country: USA	Zip: 33543 Country: USA

4. FEI Number: 65-0084699 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BUONOMO, ROSE ~~5062 S.W. 121 AVENUE~~ ~~COOPER CITY, FL 33330~~ new address	Name: Buonomo, Rose Street Address (P.O. Box Number is Not Acceptable): 1638 Leybourne Loop City: Wesley Chapel **FL** Zip Code: 33543

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]
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, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BUONOMO, CHRISTOPHER 5722 SOUTH FLAMINGO ROAD COOPER CITY, FL 33330	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BUONOMO, ROSE 10929 NASHVILLE DR. COOPER CITY, FL 33330	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: [signature] 4/3/07 954-275-8675
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #