

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90160 019 ***150.00

DOCUMENT # K49043

1. Entity Name

C & R BUONOMO ENTERPRISES, INC.



Principal Place of Business

**1638 LWYBOURNE LOOP
ZEPHYRHILLS FL 33543
US**

Mailing Address

**1638 LWYBOURNE LOOP
ZEPHYRHILLS FL 33543
US**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/07)

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
1638 LEY BOURNE LOOP
ZEPHYRHILLS FL 33543**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 state (if applicable).

(NOTE: Registered Agent signature required when registering)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	BUONOMO, CHRISTOPHER	
STREET ADDRESS	5722 SOUTH FLAMINGO ROAD	
CITY - ST - ZIP	COOPER CITY FL 33330	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BUONOMO, ROSE	
STREET ADDRESS	10929 NASHVILLE DR.	
CITY - ST - ZIP	COOPER CITY FL 33330	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY - ST - ZIP		

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	1638 Leybourne Loop
CITY - ST - ZIP	Wesley Chapel FL 33543
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	1638 Leybourne Loop
CITY - ST - ZIP	Wesley Chapel FL 33543
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CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/15/08