2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L50373

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

BAIE ST PAUL, QB G3Z-11

CHEEZEM, JAN C

MIAMI, FL 33131

() Delete

201 S. BISCAYNE BLVD. SUITE 850

FILED Mar 10, 2005 Secretary of State

Entity Nar	ne: CONDOI	MINIUM BONAIRE 204, INC.					
Current Principal Place of Business:			New Prince	New Principal Place of Business:			
201 S. BIS SUITE 850 MIAMI, FL							
Current M	ailing Addre	ss:	New Maili	New Mailing Address:			
201 S. BIS SUITE 850 MIAMI, FL							
FEI Number:	98-0109575	FEI Number Applied For ()	FEI Number Not App	licable ()	Certificate of Status Desired (()	
Name and	Address of 0	Current Registered Agent:	Name and	Name and Address of New Registered Agent:			
201 S BISC SUITE 850 MIAMI, FL	33131 US named entity		e purpose of changing	its registere	ed office or registered agent, or	· both,	
SIGNATUF							
	Electro	nic Signature of Registered A	gent		Date		
Election Can	npaign Financin	g Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	CLOUTIER, JA	RDE LAVAL, #201	Title: Name: Address: City-St-Zip:	975 BOUL	(X) Change () Addition , JACQUES, MGRDE LAVAL, #201 AUL, QB G3Z-2W3		
Title: Name: Address: City-St-Zip:	VP (CLOUTYIER, A 1275 JAMES L SILLERY, QB	EMOINE	Title: Name: Address: City-St-Zip:		(X) Change()Addition , ANDRE SS LEMOINE QB G1S-1A1		
Title: Name: Address:	JEAN-DENIS, I) Delete PAQUET R DE LEVAL. #201	Title: Name: Address:		(X) Change()Addition IS, PAQUET MGR DE LEVAL. #201		

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

BAIE ST PAUL, QB G3Z-2W3

() Change () Addition

SIGNATURE: CLOUTIER JACQUES P 03/10/2005