

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90315 018 ***150.00

DOCUMENT # M69200

1. Entity Name

BONAVENTURE RESALES, INC.



Principal Place of Business

16610 SADDLE CLUB ROAD
WESTON FL 33326
US

Mailing Address

16610 SADDLE CLUB ROAD
WESTON FL 33326
US



2. Principal Place of Business

5732 S BAYBERRY LANE
Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 268178
Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

TAMARAC FL

City & State

WESTON FL

4. FEI Number

65-0050106

Applied For

Not Applicable

Zip

33319

Country

USA

Zip

33326

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SADKIN, MARK
16610 SADDLE CLUB ROAD
FT. LAUDERDALE FL 33326

7. Name and Address of New Registered Agent

Name

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

1740 SW 53 AVENUE

City

PLANTATION

FL

Zip Code

33317

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, 2006 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 VD ☐ Delete
NAME SADKIN, M ARK
STREET ADDRESS 16610 SADDLE CLUB ROAD
CITY-ST-ZIP WESTON FL 33326 PLANTATION FL 33317

TITLE DPS ☐ Delete
NAME IRELAND, THOMAS K.
STREET ADDRESS 12000 BISCAYNE BLVD PENTHOUSE 810
CITY-ST-ZIP MIAMI FL

TITLE VD ☐ Delete
NAME IRELAND, SCOTT R.
STREET ADDRESS 12000 BISCAYNE BLVD PENTHOUSE 810
CITY-ST-ZIP MIAMI 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

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
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ 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 #

4/22/06 954 384-5030