


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000020811					
1. Entity Name BONWAY FOOD SERVICE, INC.					
Principal Place of Business 785 S CONGRESS AVE STE 8 DELRAY BEACH FL 33445 US			Mailing Address 785 S CONGRESS AVE STE 8 DELRAY BEACH FL 33445 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0991248	
5. Name and Address of Current Registered Agent BONIELLO, DONALD J 5014 SABRELINE TERRACE GREENACRES FL 33463				7. Name and Address of New Registered Agent 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 _____ <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> 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. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	NAME		TITLE	NAME	
NAME	BONIELLO, DONALD J		NAME	U00000555610	
STREET ADDRESS	5014 SABRELINE TERRACE		STREET ADDRESS	05/16/06-80039-021 150.00	
CITY-ST-ZIP	GREENACRES FL 33463		CITY-ST-ZIP		
TITLE	NAME		TITLE	NAME	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 #

4/21/06