

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2007 08:00 AM
Secretary of State

DOCUMENT # P00000046726

1. Entity Name
BONGIOVI ENTERTAINMENT, INC.



Principal Place of Business
**649 SW WHITMORE DRIVE
PORT SAINT LUCIE, FL 34984**

Mailing Address
**649 SW WHITMORE DRIVE
PORT SAINT LUCIE, FL 34984**



04302007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1101400

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BUTERA, JOSEPH G JR
649 SW WHITMORE DRIVE
PORT SAINT LUCIE, FL 34984**

**DO NOT WRITE
IN THIS SPACE**

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DCEO
NAME	SIMMONS, RONALD E
STREET ADDRESS	649 SW WHITMORE DRIVE
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34984
TITLE	DP
NAME	BONGIOVI, ANTHONY
STREET ADDRESS	649 SW WHITMORE DRIVE
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34984
TITLE	DVP
NAME	FERGUSON, ANTHONY
STREET ADDRESS	649 SW WHITMORE DRIVE
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34984
TITLE	DVP
NAME	BUTERA, JOSEPH
STREET ADDRESS	649 SW WHITMORE DRIVE
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34984
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/18/07-80071-003 150.00

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IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joseph G Butera, Jr.

4/30/07

772-879-0578

Date

Daytime Phone #