



**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 02, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000104716 1. Entity Name DEBONIS PROPERTIES INC.	
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Principal Place of Business 1126 S FEDERAL HWY SUITE 144 FORT LAUDERDALE, FL 33316	Mailing Address 1126 S FEDERAL HWY SUITE 144 FORT LAUDERDALE, FL 33316
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DO NOT WRITE IN THIS SPACE

	
01272004 No Chg-P	CR2E034 (10/03)
4. FEI Number 65-1053772	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DEBONIS, CLAUDIO
1126 SOUTH FEDERAL HWY., SUITE #144
FT. LAUDERDALE, FL 33316

**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.

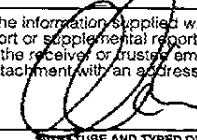
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000027301 02/03/04 00041 007 158.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD DEBONIS, CLAUDIO 1126 SOUTH FEDERAL HIGHWAY, SUITE #144 FT. LAUDERDALE, FL 33316
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **Claudio De Bonis** **1-30-04** **(954) 3258970**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #