

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P01000051466

1. Entity Name
LA BONE AVENTURE, INC.



Principal Place of Business
5609 S. UNIVERSITY DR
DAVIE, FL 33328

Mailing Address
5609 S. UNIVERSITY DR
DAVIE, FL 33328

DO NOT WRITE IN THIS SPACE

54071022

08-31-2004 90003 028 ***550.00

**FILED
Aug 31, 2004 8:00 am
Secretary of State**



08052004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1107572	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

VZCATEGUI, JENNIFER
1628 NW 208TH WAY
PEMBROKE PINES, FL 33029

**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 Jennifer Vzategui
Signature, typed or printed name of registered agent and date if applicable.

8/26/04

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. **\$5.00** May Be
 Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME PAUL, JENNIFER U
STREET ADDRESS 5609 S. UNIVERSITY DR
CITY - ST - ZIP FORT LAUDERDALE, FL 33328

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12. I hereby certify that the information supplied with this filing does not qualify 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 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: Jennifer Vzategui

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/26/04

954-680-0668

Date

Daytime Phone #