2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

May 06, 2005 8:00 am Secretary of State DOCUMENT # P01000057101 1. Entity Name 05-06-2005 90090 048 ***150.00 ANTHONY BONOMO, INC. Principal Place of Business Mailing Address 12199 SW 49TH COURT COOPER CITY FL 33330 12199 SW 49TH COURT 50049753 COOPER CITY FL 33330 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. CR2E034 (10/04) 1st MOORE ampamo ompano CA & State 4. FEI Number Applied For 65-1110836 Not Applicable Droward \$8.75 Additional 3066 5. Certificate of Status Desired Browarc Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name STUPARITZ, ALAN D Street Address (P.O. Box Number is Not Acceptable) 900 E ATLÁNTIC BLVD SUITE 17 POMPANO BEACH FL 33060 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstaling) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE **PSTD** ☐ Delete TITLE Change Addition NAME BONOMO, ANTHONY NAME 888 Crystal Lake Dr. Pompano Beach, FL. 33064 STREET ADDRESS 12199 SW 49TH COURT STREET ADDRESS COOPER CITY FL 33330 CITY-ST-ZIP CITY ST-ZIP ☐ Change TITLE □ Detete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY+S1-7IP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY - ST - ZIP TELLE ☐ Defete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Defete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 12. I hereby certify that the information supplied with this filing loes not qualify or 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 frustee 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 unit all other like empowered. SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Davtme Phone

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