


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 01, 2005 8:00 am
Secretary of State

02-01-2005 90039 024 ***150.00

DOCUMENT # P01000105709 1. Entity Name BONITA CAFE INC.					
Principal Place of Business 3501 HEALTH CENTER BLVD BONITA SPRINGS FL 34135			Mailing Address 3501 HEALTH CENTER BLVD BONITA SPRINGS FL 34135 DEPART		
2. Principal Place of Business 3501 Health Center Blvd Suite, Apt. #, etc.		3. Mailing Address Same Suite, Apt. #, etc.			
City & State Bonita Springs Fla		City & State		4. FEI Number 59-3754902 Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
Zip 34135 Country USA		Zip Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PALLAS, HOPE 4813 GARY RD BONITA SPRINGS FL 34134				7. Name and Address of New Registered Agent Name HOPE PALLAS Street Address (P.O. Box Number is Not Acceptable) 26459 morton Grove Dr Bonita Springs FL City FL Zip Code 34135	
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  DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PALLAS, HOPE 4813 GARY RD BONITA SPRINGS FL 34134 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date Daytime Phone #</small>					