

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

1042

**DOCUMENT # P02000026092**

1. Entity Name  
**BUONOMO MANAGEMENT SERVICES, INC.**



7/27/2005-90049-005-\$150.00-\$150.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 SEP 22 PM 1:37

Principal Place of Business  
10929 NASHVILLE DRIVE  
COOPER CITY FL 33026

Mailing Address  
10929 NASHVILLE DRIVE  
COOPER CITY FL 33026

5062 SW 121 Ave, Cooper City FL 33330

2. Principal Place of Business  
5062 SW 121 Ave

3. Mailing Address  
5062 SW 121 Ave

Suite, Apt. #, etc.

City & State  
Cooper City FL

Zip  
33330

4. FEI Number  
03-0414390

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BUONOMO, CHRISTOPHER  
10929 NASHVILLE DRIVE  
COOPER CITY FL 33026

Above

Name  
Street Address (P.O. Box Number is Not Acceptable)  
5062 SW 121 Ave.  
City  
Cooper City FL Zip Code  
33330

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

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 Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	SVD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BUONOMO, CHRISTOPHER			NAME			
STREET ADDRESS	10929 NASHVILLE DRIVE			STREET ADDRESS			
CITY-ST-ZIP	COOPER CITY FL 33026			CITY-ST-ZIP			
TITLE	PTD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BUONOMO, ROSE L			NAME			
STREET ADDRESS	10929 NASHVILLE DRIVE			STREET ADDRESS			
CITY-ST-ZIP	COOPER CITY FL 33026			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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: DATE

2 of 2

Buonomo Management Services  
5062 SW 121 Ave  
Cooper City, FL 33330

To whom it may concern,

I did not receive my report in January. I have since moved and intermittently have been receiving mail. I did send in my fee of 150.00 which you have on file and ask that my late fees be waived. Please make a note of my new address so there is no confusion in the future.

Ref # PD2000026092

Sincerely yours,

A handwritten signature in cursive script, appearing to read "Rose Buonomo", with a long horizontal flourish extending to the right.

Rose Buonomo