2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2007 8:00 am
Secretary of State
05-04-2007 90101 012 ***150.00

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1. Entity Name
BUONOMO MANAGEMENT SERVICES, INC.

04042007 Chg-P CR2E034 (12/06)

Principal Place of Business	Mailing Address
~~5062 S.W. 121 AVENUE~~	~~5062 S.W. 121 AVENUE~~
~~COOPER CITY, FL 33330~~	~~COOPER CITY, FL 33330~~

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1638 Leybourne Loop	1638 Leybourne Loop
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Wesley Chapel, FL	City & State: Wesley Chapel, Fl
Zip: 33543 Country: USA	Zip: 33543 Country: USA

4. FEI Number: 03-0414390 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BUONOMO, CHRISTOPHER
~~5062 S.W. 121 AVENUE~~
~~COOPER CITY, FL 33330~~
new address

7. Name and Address of New Registered Agent

Name: Buonomo, Christopher
Street Address (P.O. Box Number is Not Acceptable): 1638 Leybourne Loop
City: Wesley Chapel FL Zip Code: 33543

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 ________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
SVD	BUONOMO, CHRISTOPHER	10929 NASHVILLE DRIVE	COOPER CITY, FL 33026	☐ Delete
PTD	BUONOMO, ROSE L	10929 NASHVILLE DRIVE	COOPER CITY, FL 33026	☐ Delete
				☐ Delete
				☐ Delete
				☐ Delete
				☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
				☐ Change ☐ Addition
				☐ Change ☐ Addition
				☐ Change ☐ Addition
				☐ Change ☐ Addition
				☐ Change ☐ Addition
				☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 4/3/07 Daytime Phone #: 954-275-8675
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR