


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2004 8:00 A.M.
Secretary of State

DOCUMENT # P02000047662 1. Entity Name BONNIE M ANGUEIRA, CPA, PA					
Principal Place of Business 639 SOUTHWEST 167TH WAY PEMBROKE PINES, FL 33027			Mailing Address POST OFFICE BOX 821886 PEMBROKE PINES, FL 33082-1886		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 04-3615671	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent ANGUEIRA, BONNIE M 639 SOUTHWEST 167TH WAY PEMBROKE PINES, FL 33027				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD ANGUEIRA, BONNIE M CPA 639 SOUTHWEST 167TH WAY PEMBROKE PINES, FL 33027 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	200027638012 01/27/04--01008--002 **150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>See sheet attached</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date _____ Daytime Phone # _____					

29-4



Division of Corporations

Annual Report

Page 1

Document Number
P02000047662
Business Entity Name
BONNIE M ANGUEIRA, CPA, PA

FEI Number **043615671**
FEI Number Status ☐ Applied For ☐ Not Applicable ☒ Current
Certificate of Status Desired ☐ Yes ☒ No \$8.75 each

Principal Place of Business

Address **2258 SW 132ND AVENUE**
Suite, Apt. #, etc.
City, State **MIRAMAR** **FL**
Zip Code & Country **33027** **US**

Mailing Address

Address **POST OFFICE BOX 821886**
Suite, Apt. #, etc.
City, State **PEMBROKE PINES** **FL**
Zip Code & Country **330821886** **US**

Name And Address of Registered Agent

Name (Last, First, Middle, Title) **ANGUEIRA** **BONNIE** **M**
-or- RA Business Name
Address **2258 SW 132ND AVENUE**
Suite, Apt. #, etc.
City, State **MIRAMAR** **FL**
Zip Code & Country **33027** **US**

If Registered Agent (RA) is changed, the new RA must type their name in the 'Registered Agent Signature' block below. RA signature MUST be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature



Division of Corporations

Annual Report

Page 2

Document Number

P02000047662

Business Entity Name

BONNIE M ANGUEIRA, CPA, PAElection Campaign Financing Trust Fund Contribution ☐ Yes ☒ No

Officer/Director Name And Address

Title	PSTD			
Name (Last, First, Middle, Title)	ANGUEIRA	BONNIE	M	CPA
-or- Entity Name				
Street Address	2258 SW 132ND AVENUE			
City, State	MIRAMAR		, FL	
Zip Code & Country	33027	US		

Title				
Name (Last, First, Middle, Title)				
-or- Entity Name				
Street Address				
City, State				
Zip Code & Country				

Title				
Name (Last, First, Middle, Title)				
-or- Entity Name				
Street Address				
City, State				
Zip Code & Country				

Title				
Name (Last, First, Middle, Title)				
-or- Entity Name				
Street Address				

City, State
Zip Code & Country

Title
Name (Last, First, Middle, Title)
-or- Entity Name
Street Address
City, State
Zip Code & Country


Title
Name (Last, First, Middle, Title)
-or- Entity Name
Street Address
City, State
Zip Code & Country

☐ List more than six Officers/Directors ☒ No additional Officers/Directors to list

An individual named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title
Officer/Director Signature

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