## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED May 03, 2004 08:00 AM Secretary of State

Secretary of State  DOCUMENT # P02000050290  1. Entity Name BONITA'S CORPORATION USA  Principal Place of Business 10615 E. COLONIAL DRIVE ORLANDO, FL 32817  2. Principal Place of Business Suite. Apr. #, etc Suite. Apr. #, etc Suite. Apr. #, etc Suite. Apr. #, etc  City & State Aprilip Country Coun
BONITA'S CORPORATION USA  Principal Place of Business 10615 E. COLONIAL DRIVE ORLANDO, FL 32817  2. Principal Place of Business 3. Mailing Address  Suite, Apr. #, etc.  City & State  Country  To Country  To Country  Signature Local DRIVE ORLANDO, FL 32817  City City  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 the obligations of registered agent.  Signature, pond or princed name of registered agent.  NOTE Registered Agent on the organization of particular agent and title if applicable.  (NOTE Registered Agent organization organization)  DATE
10615 E. COLONIAL DRIVE ORLANDO, FL 32817  2. Principal Place of Business  3. Mailing Address  Suite, Apr. #, etc.  Suite, Apr. #, etc.  City & State  City & State  City & State  Country  Zip  Country  Zip  Country  5. Certificate of Status Desired  6. Name and Address of Current Registered Agent  Name  GALVIS, HENRY  10615 E. COLONIAL DRIVE  ORLANDO, FL 32817  City  Street Address (P.O. Box Number is Not Acceptable)  6. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Rorida. I am familiar with, and the obligations of registered agent.  Signature, speed or prince name of registered agent and tide if applicable.  (NOTE Registered Agent departs when reheateding)  DATE
10615 E. COLONIAL DRIVE ORLANDO, FL 32817  2. Principal Place of Business  3. Mailing Address  Suite. Apr. #, etc  Suite. Apr. #, etc  City & State  City & State  City & State  Country  Zip  Country  Zip  Country  5. Certificate of Status Desired  6. Name and Address of Current Registered Agent  Name  GALVIS, HENRY 10615 E. COLONIAL DRIVE ORLANDO, FL 32817  City  Street Address (P.O. Box Number is Not Acceptable)  6. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am famillar with, and the colligations of registered agent.  Signature, speed or prince name of registered agent and tide if applicable.  (NOTE Registered Agent or registered when rehatatury)  DATE
Suite, Apr. #, etc.  Suite, Apr. #, etc.  O4292004 Chg-P CR2E034 (10/03)  City & State  Country  Zip  Country  Zip  Country  Zip  Country  5. Certificate of Status Desired  Fee Required  Fee Required  Name  GALVIS, HENRY  10615 E. COLONIAL DRIVE  ORLANDO, FL 32817  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 Rorida. I am familiar with, and the obligations of registered agent.  Signature, yood or printed name of registered agent, and tide if applicable.  (NOTE Registered Agent dignature required when rehistating)  DATE
City & State  4. FEI Number 01-0679138  Not Applic Not Applic  St. Certificate of Status Desired  \$8.75 Addition Fee Required  7. Name and Address of New Registered Agent  Name  GALVIS, HENRY 10615 E. COLONIAL DRIVE ORLANDO, FL 32817  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 the obligations of registered agent.  SiGNATURE  Signature, typod or printed name of registered agent and tide if applicable.  (NOTE Registered Agent departure required when reinstating)  DATE
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After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees
10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN
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12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information of 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 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 Bt changed, or on an attachment with an address, with all/other like empowered.
Clianges, or on an allacrament with an address, with allyother like empowered.