

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000034255

Entity Name: BONITA BAKERY 2 CORP.

FILED  
Mar 18, 2005  
Secretary of State

## Current Principal Place of Business:

184 S. COUNTY ROAD 951  
NAPLES, FL 34119 US

## New Principal Place of Business:

## Current Mailing Address:

184 S. COUNTY ROAD 951  
NAPLES, FL 34119 US

## New Mailing Address:

FEI Number: 51-0453521      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

LOPEZ, JUAN  
184 S. COUNTY ROAD 951  
NAPLES, FL 34119 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution (X).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: LOPEZ, ALFREDO  
Address: 184 S. COUNTY ROAD 951  
City-St-Zip: NAPLES, FL 34119 US

Title: VP ( ) Delete  
Name: LOPEZ, JUAN  
Address: 184 S. COUNTY ROAD 951  
City-St-Zip: NAPLES, FL 34119 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALFREDO LOPEZ

P

03/18/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date