

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 30, 2004 8:00 am
Secretary of State

01-30-2004 90083 042 ***150.00

DOCUMENT # P03000048876

1. Entity Name:

BONAMAR, CORP.



Principal Place of Business

**6986 NW 36 AVE
MIAMI FL 33147**

Mailing Address

**6986 NW 36 AVE
MIAMI FL 33147**

04001306

2. Principal Place of Business

9600 NW 25 ST

3. Mailing Address

9600 NW 25TH ST

Suite, Apt. #, etc.

5-B

Suite, Apt. #, etc.

City & State

MIAMI

City & State

FL

Zip

33172

Country

Zip

Country

4. FEI Number

11-368 7572

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CONTRERAS, ARGENIS J
6986 NW 36 AVE
MIAMI FL 33147**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DP
CONTRERAS, ARGENIS J
6986 NW 36 AVE
MIAMI FL 33147

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DV
SANCHEZAS, EVANAN
6986 NW 36 AVE
MIAMI FL 33147

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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NAME
STREET ADDRESS
CITY-ST-ZIP

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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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/23/04