

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90178 004 ***150.00

DOCUMENT # P03000048876					
1. Entity Name BONAMAR, CORP.					
Principal Place of Business 6541 NW 87TH AVE MIAMI, FL 33178			Mailing Address 6541 NW 87TH AVE MIAMI, FL 33178		
2. Principal Place of Business 10305 NW 41st Street Suite, Apt. #, etc. 212 City & State Doral, FL Zip 33178 Country USA		3. Mailing Address 10305 NW 41st St. Suite, Apt. #, etc. 212 City & State Doral, FL Zip 33178 Country USA			
4. FEI Number 11-3687572		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>		\$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) 10305 NW 41st ST. - Suite # 212 City Doral FL Zip Code 33178		
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 <i>[Signature]</i> DATE 04/07/06					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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	DP CONTRERAS, ARGENIS J 6986 NW 36 AVE MIAMI, FL 33147	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	10305 NW 41 Street - Suite # 212 Doral, FL 33178
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV SANCHEZAS, EVANAN 6986 NW 36 AVE MIAMI, FL 33147	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	10305 NW 41 Street - Suite # 212 Doral, FL 33178
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	
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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 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: <i>[Signature]</i>			04/07/06 305-718 9850		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		