


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2005 8:00 am
Secretary of State

04-01-2005 90022 013 ***150.00

DOCUMENT # P04000001781			
1. Entity Name BONILLA SERVICES, INC.			
Principal Place of Business 6705 NW 169TH STREET C-107 MIAMI, FL 33015 US		Mailing Address 6705 NW 169TH STREET C-107 MIAMI, FL 33015 US	
2. Principal Place of Business 1566 NE 191 st Street Suite, Apt. #, etc. Apt. 127 City & State North Miami Beach, FL Zip 33179 Country USA		3. Mailing Address 1566 NE 191 st Street Suite, Apt. #, etc. Apt. 127 City & State North Miami Beach Zip 33179 Country USA	
4. FEI Number 05-0594107		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BONILLA, SOILA R. 6705 NW 169TH STREET C-107 MIAMI, FL 33015		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1566 NE 191 st Street Apt 127 City North Miami Beach FL Zip Code 33179	
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>Soila R. Bonilla</i> DATE: 3/28/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NUMBER FEE IS \$150.00 After May 1, 2005 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	VP BONILLA, SOILA R 6705 NW 169TH STREET MIAMI, FL 33015 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	V.P. Soila Bonilla, Soila R <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1566 NE 191 st Street Apt 127 North Miami Beach, FL 33179
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BONILLA, ALCIDES M <input type="checkbox"/> Delete 6705 NW 169TH STREET MIAMI, FL 33015	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Pres Bonilla, Soila Alcides, M <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1566 NE 191 st Street Apt. 127 North Miami Beach FL 33179
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 empowerments.			
SIGNATURE: <i>Soila R. Bonilla</i>		DATE: 3/28/05	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	