

2006 FOR PROFIT CORPORATION ANNUAL REPORT

APPROVED
AND
FILED

06 JUN 13 AM 9:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

66015519

JSK



05012006 No Chg-P CR2E034 (11/05)

DOCUMENT # P04000032996

1. Entity Name
NICOLE BONAPARTE CPC, INC.



Principal Place of Business
3215 SW 67TH AVE
MIRAMAR, FL 33023

Mailing Address
3215 SW 67TH AVE
MIRAMAR, FL 33023

DO NOT WRITE IN THIS SPACE

4. FEI Number
33-1086943

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BONAPARTE, NICOLE
3215 SW 67TH AVE
MIRAMAR, FL 33023

DO NOT WRITE IN THIS SPACE

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]* DATE: 5/10/06

Signature, typed or printed name of registered agent and type if applicable. (NOTE: Registered Agent signature required when reappointing)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|----------------|-------------------|
| TITLE | DP |
| NAME | BONAPARTE, NICOLE |
| STREET ADDRESS | 3215 SW 67TH AVE |
| CITY-ST-ZIP | MIRAMAR, FL 33023 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

DO NOT WRITE IN THIS SPACE

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: *[Signature]* DATE: 5/10/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR