2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

Jan 18, 2005 8:00 am **Secretary of State DOCUMENT # P04000059382** 01-18-2005 90063 032 ***158.75 BONILLA REALTY INVESTMENTS, INC. Principal Place of Business Mailing Address 950 S PINE ISLAND RE SUITE 1093 950 S PINE ISLAND RE SUITE 1093 50002993 PLANTATION, FL 33324 PLANTATION, FL 33324 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01042005 Chg-P CR2E034 (10/03) City & State Applied For City & State 4. FEI Number 20-0976/20 Not Applicable Zip Country Zio Country \$8.75 Additional 5. Certificate of Status Desired 6." Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145 City 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE **PSTD** TITLE ☐ Change ☐ Addition ☐ Delete NAME BONILLA, RAYMOND A NAME STREET ADDRESS 950 S PINE ISLAND RE SUITE 1093 STREET ADDRESS CITY-ST-ZIP PLANTATION, FL 33324 CITY-ST-ZIP TITLE Delete TITLE Channe Addition BONILLA, ARELIS A NAME NAME 950 S PINE ISLAND RE SUITE 1093 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PLANTATION, FL 33324 CITY-ST-ZIP TITLE Delete - -TITLE ☐ Change Addition. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Chance ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Change Delete TITLE NAME STREET ADDRESS STREET ADDRESS

FILED

☐ Change

☐ 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 empowered.

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

TITLE

NAME

☐ Delete

CITY-ST-ZIP

STREET ADORESS

CITY-ST-ZIP

NAME