



2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000108267 1. Entity Name L.J. BONGO INC.					
Principal Place of Business 4047 EASTRIDGE CIRCLE POMPANO BEACH, FL 33064				Mailing Address 4047 EASTRIDGE CIRCLE POMPANO BEACH, FL 33064	
2. Principal Place of Business 180 South Federal Hwy Suite, Apt. #, etc.		3. Mailing Address Same Suite, Apt. #, etc.			
City & State Boca Raton FL		City & State Suite, Apt. #, etc.		4. FEI Number 20-1419923	
Zip 33432		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BONGO, LISA 4047 EASTRIDGE CIRCLE POMPANO BEACH, FL 33064				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: <u><i>Lisa J. Bongo</i></u> DATE: <u>6/28/05</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D BONGO, LISA 4047 EASTRIDGE CIRCLE POMPANO BEACH, FL 33064	<input type="checkbox"/> Delete			
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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 all other like empowered.					
SIGNATURE: <u><i>Lisa J. Bongo</i></u> <u>Lisa J. Bongo</u> <u>6/28/05</u> <u>(954) 913-1336</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

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SECRET
TALLAHASSEE, FLORIDA

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