## 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## FILED Mar 10, 2008 08:00 A DOCUMENT # P05000035081 Secretary of State BRONSON ENTERPRISES OF S.W. FL, INC. Principal Place of Business Mailing Address 3822 SW 7TH AVE 3822 SW 7TH AVE CAPE CORAL FL 33914 CAPE CORAL FL 33914 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 1st MOORE CR2E034 (10/07) City & State 4. FEI Number City & State Applied For 20-2457271 Not Applicable Ζıp Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BRONSON, FERNANDO Street Addrecs (P.O. Box Number is Not Acceptable) 3822 SW 7TH AVE CAPE CORAL FL 33914 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. Lam familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or shipted pages of registered questions title. List phagos (IVOTE: Registriked Agent is norture required whom roinstating) DATE FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE ☐ Change Addition BRONSON, FERNANDO MARKE NAME 3822 SW 7TH AVE STREET ADDRESS STREET ADDRESS CAPE CORAL FL 33914 CITY-ST-7(P CITY-ST-7/2 <u> UDBDDD852844</u> U3/26/U8-80045-022 CNM 38. 写 Addition TITLE De ete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - 31P TULE ☐ Derete THLE ☐ Change Addition NAME HAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Derete THUE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TIFLE ☐ Change Addition Deiele MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Deicte TITLE ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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.

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 119, Florida Statutes I further certify that the information

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dayting Frong #