2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:)

Feb 27, 2006 8:00 am **Secretary of State** DOCUMENT # P05000072336 02-27-2006 90087 041 ***150.00 BONO DEVELOPMENTS, INC. Principal Place of Business Mailing Address **2640 NE 135TH STREET** PO BOX 370212 MIAMI, FL 33137 417 US NORTH MIAMI, FL 33181 2. Principal Place of Business 3. Mailing Address 3500 MYSTIC point or 3500 MYSTIC POINT DR. Suite, Apt. #, etc. 57E # 40/ Suite, Apt. #, etc. 02172006 CR2E034 (11/05) 510 # 401 City & State City & State 4. FEI Number 20-2858487 Applied For AUENTURA, FL. AVENTURA Not Applicable \$8.75 Additional 5. Certificate of Status Desired 33180 33180 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MUNOZ, NATALIE Street Address (P.O. Box Number is Not Acceptable) 3500 MYSTIC POINT DY STE# 401 **2640 NE 135TH STREET** NORTH MIAMI, FL 33181 Zip Code AVENTURA sAtament 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 above name the obligations of SIGNATURE X applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550,00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE ☐ Change MUNOZ. NATALIE NAME NAME 3500 MYSTIC POINT DY STE 401 STREET ADDRESS 2640 NE 135TH STREET #417 STREET ADDRESS AVENTURA, FL. 33180 CITY-ST-7/P NORTH MIAMI, FL 33181 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete FITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE □ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with his 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 receive of this tight entrying the port 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 receive of this tight entry is the port as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

NING OFFICER OR DIRECTOR

FILED