


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2006 8:00 am
Secretary of State

03-31-2006 90016 033 ***150.00

DOCUMENT # P05000124491 1. Entity Name BRIAN BONILLA REAL ESTATE, INC.			
Principal Place of Business 108 GLEN ROCK AVE MALDEN, MA 02148 US		Mailing Address 108 GLEN ROCK AVE MALDEN, MA 02148 US	
2. Principal Place of Business 1227 SE 47th ST.		3. Mailing Address 1227 SE 47th ST.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State CAPE CORAL FL		City & State CAPE CORAL FL	
Zip 33904		Zip 33904	
Country US		Country US	
4. FEI Number 51-0553538		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BONILLA, ROY R 5969 SW 1ST COURT CAPE CORAL, FL 33914		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ (NOTE: Registered Agents signature is required when resigning) _____ DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BONILLA, BRIAN 108 GLEN ROCK AVE MALDEN, MA 02148	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BRIAN BONILLA 1227 SE 47th ST. CAPE CORAL, FL 33904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 or without other like empowered.			
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		<div style="display: flex; justify-content: space-between;"> 3/30/06 239-247-1414 </div> <div style="display: flex; justify-content: space-between;"> Case Daytime Phone * </div>	

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03082006 Chg-P CR2E034 (11/05)