

2008 FOR PROFIT CORPORATION  
ANNUAL REPORT

DOCUMENT # P06000118361

1. Entity Name  
BONA VISTA, INC



Principal Place of Business

15703 SW 42 STREET  
MIRAMAR, FL 33027

Mailing Address

15703 SW 42 STREET  
MIRAMAR, FL 33027

**FILED**  
**Aug 22, 2008 08:00 AM**  
**Secretary of State**



08202008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-5542448	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

CUEVAS, EZEQUIEL  
15703 SW 42 STREET  
MIRAMAR, FL 33027

**DO NOT WRITE  
IN THIS SPACE**

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 renewing)

U000000958219  
08/22/08-80004-004 150.00  
DATE

FILE NOW!!! FEE IS \$150.00  
Due by September 12, 2008

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT CUEVAS, EZEQUIEL 15703 SW 42 STREET MIRAMAR, FL 33027
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IN THIS SPACE**

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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08-15-2008

Date

Daytime Phone #