2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 21, 2008 08:00 A Secretary of State

DOCUMENT # P940 1. Entity Name BONITA FASHIONS, INC.								
Principal Place of Business 2630 N.W. 5TH AVE. MIAMI, FL 33127	Mailing Address 2630 N.W. 5TH AVE. MIAMI, FL 33127							

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Principal Place of Business 2630 N.W. 5TH AVE. MIAMI, FL 33127 Mailing Address 2630 N.W. 5TH AVE. MIAMI, FL 33127						
DO NOT WRITE IN THIS SPACE			02162008 No Chg-P CR2E034 (11/05) 4. FEI Number 65-0498014 Applied For Not Applicable 5. Certificate of Status Desired \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent CHONG, EDWARD 2630 N.W. 5TH AVE. MIAMI, FL 33127			DO NOT WRITE IN THIS SPACE			
	named entity submits this statement for those of registered agent.	e purpose of changing its register	ed office or register	red agent, or bo	th, in the State of Flori	ida. I am familiar with, and accept
SIGNATURE					DATE	
	E NOW!!! FEE IS \$150.00 ly 1, 2008 Fee will be \$550.00	Election Campaign Finar Trust Fund Contribution.		.00 May Be led to Fees		
10.	OFFICERS AND DIE	RECTORS				0865106
TITLE NAME STREET ADORESS CITY-ST-ZIP	D CHONG, EDWARD 2630 N.W. 5TH AVE. MIAMI, FL 33127				04/07/08	0865106 -80015-013 150.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CHONG, HYON HUI 2630 N.W. 5TH AVE. MIAMI, FL 33127					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT W	RITE
THEE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SP	ACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						

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 ARE TIPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #