

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000080873

FILED  
Apr 24, 2005  
Secretary of State

Entity Name: BONANZA OVER MIAMI, INC.

## Current Principal Place of Business:

5870 S.W. 104 ST  
MIAMI, FL 33156 US

## New Principal Place of Business:

## Current Mailing Address:

5870 S.W. 104 ST  
MIAMI, FL 33156 US

## New Mailing Address:

FEI Number: 65-0535738

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SINNAMON, HANK  
5870 S.W. 104 ST  
MIAMI, FL 33156 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: DE LA HOZ, EDUARDO  
Address: 3785 NW 82 AVE SUITE 102  
City-St-Zip: MIAMI, FL 33166

Title: D ( ) Delete  
Name: KIRK, CHRISTOPHER  
Address: 4700 SW 108 AVE  
City-St-Zip: MIAMI, FL

Title: D ( ) Delete  
Name: HARPER, TERRY  
Address: 1031 SW 69 AVE  
City-St-Zip: MIAMI, FL

Title: D ( ) Delete  
Name: SINNAMON, HANK  
Address: 5870 SW 104 ST  
City-St-Zip: MIAMI, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HANK SINNAMON

TRES

04/24/2005

Electronic Signature of Signing Officer or Director

Date