

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000080873

FILED
Mar 26, 2009
Secretary of State

Entity Name: BONANZA OVER MIAMI, INC.

Current Principal Place of Business:

1414 ALEGRIANO AVE
CORAL GABLES, FL 33146 US

New Principal Place of Business:

Current Mailing Address:

1414 ALEGRIANO AVE
CORAL GABLES, FL 33146 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:

MASE, KEVIN J
1414 ALEGRIANO AVE
CORAL GABLES, FL 33146 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: P () Delete
Name: MASE, KEVIN J
Address: 1414 ALEGRIANO AVE.
City-St-Zip: CORAL GABLES, FL 33146 US

Title: D () Delete
Name: BROWN, ALVIN
Address: 13030 OLD CUTLER RD
City-St-Zip: MIAMI, FL 33156 US

Title: V () Delete
Name: HARPER, TERRY
Address: 1031 SW 69 AVE
City-St-Zip: MIAMI, FL 33144 US

Title: D () Delete
Name: SIERRA, ELKIN
Address: 14050 SW 151 CT
City-St-Zip: MIAMI, FL 33196 US

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

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:

Title: D () Change (X) Addition
Name: HOZ, EDDIE
Address: 3301 RICKENBACKER CAUSEWAY
City-St-Zip: KEY BISCAYNE, FL 33149

Title: D () Change (X) Addition
Name: SINNAMON, HANK
Address: 5870 SW 104 ST
City-St-Zip: MIAMI, FL 33156

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: KEVIN J MASE

P

03/26/2009

Electronic Signature of Signing Officer or Director

_____ Date