

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000094159

1. Entity Name
BOURNARD, INC.



Principal Place of Business
11 ALSTON ROAD
PALM BEACH GARDENS, FL 33418

Mailing Address
C/O TRANSOCEANIC
19495 BISCAYNE BLVD #805
AVENTURA, FL 33180 US

DO NOT WRITE IN THIS SPACE

FILED

06 MAY -3 AM 10:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



02242006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0631502

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KIRGNER, ALAN
2121 PONCE DE LEON BLVD
SUITE 1100
CORAL GABLES, FL 33134

**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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	VEALE, WILLIAM J
STREET ADDRESS	205 EAST 63RD ST, APT 2F
CITY-ST-ZIP	NEW YORK, NY 10021
TITLE	D
NAME	WAINBERG, SALOMON
STREET ADDRESS	2121 PONCE DE LEON BLVD, STE 1100
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	DV
NAME	MASSIE, ANDREW G
STREET ADDRESS	C/O 19495 BISC BLVD # 805
CITY-ST-ZIP	AVENTURA, FL 33180
TITLE	DS
NAME	WASIOLEK, DEBORAH J
STREET ADDRESS	C/O 19495 BISC BLVD # 805
CITY-ST-ZIP	AVENTURA, FL 33180
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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K. Eckel MAY 10 2006

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:

Andrew Massie

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-06

Date

205 935 2400

Daytime Phone #