

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

May 03, 2004 08:00 AM

Secretary of State

DOCUMENT # P95000096763

1. Entity Name
BIONNE, INC.



Principal Place of Business
**201 SOUTH BISCAYNE BLVD.
34TH FLOOR - MIAMI CENTER
MIAMI, FL 33131**

Mailing Address
**201 SOUTH BISCAYNE BLVD.
34TH FLOOR - MIAMI CENTER
MIAMI, FL 33131**



03012004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0682038

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**FERRELL GROUP CORPORATE SERVICES, LLC
201 S BISCAYNE BLVD., SUITE 3400
MIAMI, FL 33131**

**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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000154673
05/05/04-80006-017 150.00

10. OFFICERS AND DIRECTORS

TITLE D/P
NAME DEL ROSAL, JORGE L
STREET ADDRESS 201 SOUTH BISCAYNE BLVD. STE 3400
CITY-ST-ZIP MIAMI, FL 33131

TITLE D
NAME DEL ROSAL, ZOILA C
STREET ADDRESS 201 SOUTH BISCAYNE BLVD. STE 3400
CITY-ST-ZIP MIAMI, FL 33131

TITLE DTS
NAME DEL ROSAL, JORGE JR
STREET ADDRESS 201 SOUTH BISCAYNE BLVD. STE 3400
CITY-ST-ZIP MIAMI, FL 33131

TITLE D
NAME DEL ROSAL CABRERA, VIRGINIA
STREET ADDRESS 201 SOUTH BISCAYNE BLVD. STE 3400
CITY-ST-ZIP MIAMI, FL 33131

TITLE D
NAME DEL ROSAL WILSON, ELENA
STREET ADDRESS 201 SOUTH BISCAYNE BLVD. STE 3400
CITY-ST-ZIP MIAMI, FL 33131

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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

ELENA DEL ROSAL WILSON, DIRECTOR

4/23/04
Date

305-661-8286
Daytime Phone #