

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 03, 2005 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

**DO NOT WRITE IN THIS SPACE**



01122005 No Chg-P CR2E034 (10/03)

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, 2005 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/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	

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03/04/05-80014-007 150.00

**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

2/17/05 305 661 8286

Date

Daytime Phone #

Elena del Rosal Wilson, Director