2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000096763

Entity Name: BIONNE, INC

Address:

9400 OLD CUTLER LANE

City-St-Zip: CORAL GABLES, FL 33156

FILED Sep 03, 2009 Secretary of State

Entity Nai	me: BIONNE,	INC.				
Current P	rincipal Place	of Business:	New Principal Place of Business:			
	CUTLER LAN ABLES, FL 33					
Current Mailing Address:			New Mailing Address:			
	DERICK J. WIL: 30 STREET 33143	SON III, ESQ.				
FEI Number: 65-0682038 FEI Number A		FEI Number Applied For ()	FEI Number Not Applicable ()		Certificate of Status Desired ()	
Name and	Address of C	Surrent Registered Agent:	Name and	Address of	New Registered Agent:	
	FREDERICK J 30 STREET 33143 US	III,ESQ				
	named entity se of Florida.	submits this statement for the	purpose of changing i	ts registered	office or registered agent,	or both,
SIGNATU	RE:					
	Electror	ic Signature of Registered Ag	ent		Date	
		3(2)(b), F.S., the corporation did n	ot receive the prior notic	e.		
Election Campaign Financing Trust Fund Contribution (). OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	DP () DEL ROSAL, JO 9400 OLD CUT CORAL GABLE	LER LANE	Title: Name: Address: City-St-Zip:	(() Change () Addition	
Title: Name: Address: City-St-Zip:	DP () DEL ROSAL, Z 9400 OLD CUT CORAL GABLE	LER LANE	Title: Name: Address: City-St-Zip:	(()Change ()Addition	
Title: Name: Address: City-St-Zip:	DTS () DEL ROASL, JO 9400 OLD CUT CORAL GABLE	LER LANE	Title: Name: Address: City-St-Zip:	DEL ROSAL, 9400 OLD CU		
Title: Name: Address: City-St-Zip:	, ,		Title: Name: Address: City-St-Zip:	(() Change () Addition	
Title: Name:	DP () DEL ROSAL W	Delete	Title: Name:	(() Change () Addition	

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.

Address:

City-St-Zip:

SIGNATURE: JORGE L. DEL ROSAL DP 09/03/2009