


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91051 047 ***158.75

DOCUMENT # P97000035610 1. Entity Name BONILLA, THOMAS & ASSOCIATES, INC.																					
Principal Place of Business 4801 S. UNIVERSITY DRIVE # 263 DAVIE, FL 33328 US			Mailing Address 4801 S. UNIVERSITY DRIVE # 263 DAVIE, FL 33328 US																		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country																			
4. FEI Number 65-0744263				Applied For <input type="checkbox"/> Not Applicable																	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required																	
6. Name and Address of Current Registered Agent BONILLA, ELIGIO 941 S.W. 176 AVENUE PEMBROKE PINES, FL 33029			7. Name and Address of New Registered Agent Name BONILLA, ELIGIO Street Address (P.O. Box Number is Not Acceptable) 4801 S UNIVERSITY DR #263 City DAVIE FL Zip Code 33328																		
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 <u><i>L. B. d.</i></u> DATE <u>04/28/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																			
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:40%;">P BONILLA, ELIGIO <input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>941 S.W. 176 AVENUE</td> </tr> <tr> <td>STREET ADDRESS</td> <td>PEMBROKE PINES, FL 33029</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>			TITLE	P BONILLA, ELIGIO <input type="checkbox"/> Delete	NAME	941 S.W. 176 AVENUE	STREET ADDRESS	PEMBROKE PINES, FL 33029	CITY-ST-ZIP		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:40%;">P BONILLA, ELIGIO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>4801 S UNIVERSITY DR #263</td> </tr> <tr> <td>STREET ADDRESS</td> <td>DAVIE, FL 33328</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>			TITLE	P BONILLA, ELIGIO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	4801 S UNIVERSITY DR #263	STREET ADDRESS	DAVIE, FL 33328	CITY-ST-ZIP	
TITLE	P BONILLA, ELIGIO <input type="checkbox"/> Delete																				
NAME	941 S.W. 176 AVENUE																				
STREET ADDRESS	PEMBROKE PINES, FL 33029																				
CITY-ST-ZIP																					
TITLE	P BONILLA, ELIGIO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition																				
NAME	4801 S UNIVERSITY DR #263																				
STREET ADDRESS	DAVIE, FL 33328																				
CITY-ST-ZIP																					
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:40%;">NAME</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>			TITLE	NAME	STREET ADDRESS		CITY-ST-ZIP		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:40%;">NAME</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>			TITLE	NAME	STREET ADDRESS		CITY-ST-ZIP					
TITLE	NAME																				
STREET ADDRESS																					
CITY-ST-ZIP																					
TITLE	NAME																				
STREET ADDRESS																					
CITY-ST-ZIP																					
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:40%;">NAME</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>			TITLE	NAME	STREET ADDRESS		CITY-ST-ZIP		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:40%;">NAME</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>			TITLE	NAME	STREET ADDRESS		CITY-ST-ZIP					
TITLE	NAME																				
STREET ADDRESS																					
CITY-ST-ZIP																					
TITLE	NAME																				
STREET ADDRESS																					
CITY-ST-ZIP																					
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:40%;">NAME</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>			TITLE	NAME	STREET ADDRESS		CITY-ST-ZIP		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:40%;">NAME</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>			TITLE	NAME	STREET ADDRESS		CITY-ST-ZIP					
TITLE	NAME																				
STREET ADDRESS																					
CITY-ST-ZIP																					
TITLE	NAME																				
STREET ADDRESS																					
CITY-ST-ZIP																					
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:40%;">NAME</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>			TITLE	NAME	STREET ADDRESS		CITY-ST-ZIP		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:40%;">NAME</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>			TITLE	NAME	STREET ADDRESS		CITY-ST-ZIP					
TITLE	NAME																				
STREET ADDRESS																					
CITY-ST-ZIP																					
TITLE	NAME																				
STREET ADDRESS																					
CITY-ST-ZIP																					
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: <u><i>L. B. d.</i></u> <u>04/28/04</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																					