## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## May 01. 2006 08:00 Al

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DOCUMENT # P97000035610								Sec	cretary of	State
1. Enlity Name BONILLA, THOMAS & ASSOCIATES, INC.									•	
Principal Place of Business			Mailing Address				1			
4801 S. UNIVERSITY DRIVE # 263 DAVIE, FL 33328 US			4801 S. UNIVERSITY DRIVE # 263 Davie, Fl 33328 US				Property and the second			
2. Principal Place of Business			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt #, etc.				04282006	Chg-P	- CR2E034 (11/05	-
City & State			City & State				4. FEI Numb			Applied For lot Applicable
Zip	Country		Zip Coun		try	5. Certificate	e of Status Desired	S8.75 A		
6. Name and Address of Current							7. Name and Address of New Registered Agent			
BONILLA, ELIGIO				Name						
9801 S. UNIVERSITY DR #263 FORT LAUDERDALE, FL 33328			Street Address			(P.O. Box Numb	per is Not Acceptable	e)		
						City	#*		FL Zip Co	de
8 The above	titre hemen	y submits this statement fo	or the nur	nose of changing its	register	od office or registe	red scent or by	oth in the State of Ele	:	and cocont
the obligat	tions of regist	ered agent.	or the bor	ed Dirice Di registe	red agent, or bu	on, in the state of Fit	UROa. रकामःवासस्या <b>सा</b> ध	г, ало ассерг		
SIGNATURE Signature, typed or primed name of registered agent and title if applicable.					E. Registere	d Agent agnature require	d when renstating)		DATE	
FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees										
10.		OFFICERS AND	DIRECT	ORS	11.		ADDITIONS	L /CHANGES TO OFF	ICERS AND DIRECTOR	RS IN 11
TITLE	Р			Delete	THTLE				☐ Change	Addition
NAME	BONILLA, ELIGIO 4801 S. UNIVERSITY DR #263		NAM		- I					
STREET ADDRESS 4801 S. UNIVERSITY DR #263 CITY-ST-ZP FORT LAUDERDALE, FL 33321		1			ET ADDRESS -ST-ZIP		00000	00551333		
TITLE					TITLE			<del>- 95/13/0</del> 8	<del>5-80035-005</del> - Change	Accition
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STREET ADORESS CITY-ST-ZIP						ST-ZIP				
12. Thereby o	ertify that the	information supplied with	this filin	g does not qualify for	the exe	mptions contained	in Chapter 119	), Florida Statutes. I	further certify that the	Information
12. Thereby 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.										
SIGNAT	HDE.	4.5	//-	<del></del>				04/28	100	