

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 29, 2004 8:00 am
Secretary of State

03-29-2004 90050 004 ***150.00

DOCUMENT # P98000035005

1. Entity Name

BONA HEALTH, INC.



Principal Place of Business

11164 HIGHLAND CIRCLE
BOCA WOODS
BOCA RATON FL 33428
US

Mailing Address

5100 SW 115 AVE
COOPER CITY FL 33330

2. Principal Place of Business

3. Mailing Address

11164 Highland Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Boca Woods

City & State

City & State

Boca Raton, FL

4. FEI Number

65-0826539

Applied For

Not Applicable

Zip

Country

Zip

33428

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BLEUS, EMMANUEL V
5100 SW 115 AVE
COOPER CITY FL 33330

7. Name and Address of New Registered Agent

Name

Eddy Bonaventure

Street Address (P.O. Box Number is Not Acceptable)

11164 Highland Circle - Boca Woods

City

Boca Raton

FL

Zip Code
33428

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

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	BLEUS, EMMANUEL V	
STREET ADDRESS	5100 SW 115 AVE	
CITY-ST-ZIP	COOPER CITY FL 33330	
TITLE	M	<input type="checkbox"/> Delete
NAME	BONAVENTURE, EDDY	
STREET ADDRESS	11164 HIGHLAND CIRCLE BOCA WOODS	
CITY-ST-ZIP	BOCA RATON FL 33428	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEGAGNEUR, JEAN	
STREET ADDRESS	110634 PEBBLE COVE LANE	
CITY-ST-ZIP	BOCA RATON FL 33498	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	(I)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bleus, Emmanuel V	
STREET ADDRESS	5100 SW 115th Avenue	
CITY-ST-ZIP	Cooper City, FL 33330	
TITLE	(P)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bonaventure, Eddy	
STREET ADDRESS	11164 Highland Circle - Boca Woods	
CITY-ST-ZIP	Boca Raton, FL 33428	
TITLE	(V)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Legagneur, Jean Sr.	
STREET ADDRESS	10634 Pebble Cove Lane	
CITY-ST-ZIP	Boca Raton, FL 33498	
TITLE	(S)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	J. Gerard Legagneur, Jr.	
STREET ADDRESS	10634 Pebble Cove Lane	
CITY-ST-ZIP	Boca Raton, FL 33498	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Eddy Bonaventure

Date

Daytime Phone #

3/26/04

(561) 852-6575