

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 20, 2005 8:00 am**  
**Secretary of State**

04-20-2005 90796 001 \*\*\*100.00  
04-20-2005 90796 002 \*\*\*\*50.00

**DOCUMENT # P98000035005**



1. Entity Name

BONA HEALTH, INC.

Principal Place of Business

5100 S.W. 115TH AVENUE  
COOPER CITY FL 33330

Mailing Address

5100 S.W. 115TH AVENUE  
COOPER CITY FL 33330

2. Principal Place of Business

10634 Pebble Cove Lane  
Suite, Apt. #, etc.

3. Mailing Address

10634 Pebble Cove Lane  
Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/04)

City & State

Boca Raton, Florida

City & State

Boca Raton, FL 33498

4. FEI Number

65-0826539

Applied For

Not Applicable

Zip

33498

Country

USA

Zip

33498

Country

USA

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

BONNAVENTURE, EDDY  
11164 HIGHLAND CIRCLE  
BOCA WOODS  
BOCA RATON FL 33428

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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**

**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

T ☐ Delete  
NAME BLEUS, EMMANUEL V  
STREET ADDRESS 5100 SW 115 AVE  
CITY-ST-ZIP COOPER CITY FL 33330

P ☐ Delete  
NAME BONAVENTURE, EDDY  
STREET ADDRESS 11164 HIGHLAND CIRCLE BOCA WOODS  
CITY-ST-ZIP BOCA RATON FL 33428

V ☐ Delete  
NAME LEGAGNEUR, JEAN SR.  
STREET ADDRESS 110634 PEBBLE COVE LANE  
CITY-ST-ZIP BOCA RATON FL 33498

S ☐ Delete  
NAME LEGAGNEUR, J. GERARD JR.  
STREET ADDRESS 10634 PEBBLE COVE LANE  
CITY-ST-ZIP BOCA RATON FL 33498

☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☒ Change ☐ Addition  
TITLE  
NAME  
STREET ADDRESS 10634 Pebble Cove Lane  
CITY-ST-ZIP

☐ Change ☐ Addition  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/05 (305) 995-5231  
Date Daytime Phone #