

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2004 8:00 am**  
**Secretary of State**

04-23-2004 90210 046 \*\*\*150.00

**DOCUMENT # P99000085851**

1. Entity Name  
**BONA CAFE & ITALIAN RESTAURANT, INC.**



Principal Place of Business  
**2468 WILTON DRIVE  
WILTON MANORS, FL 33305**

Mailing Address  
**2468 WILTON DRIVE  
WILTON MANORS, FL 33305**

**54039205**



**DO NOT WRITE IN THIS SPACE**

04202004 No Chg-P CR2E034 (10/03)

4. FEI Number  
**65-0951619**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**SPINA, SALVATORE  
C/O JAY SHAH  
1010 S OCEAN BLVD PENTHOUSE 8  
POMPANO BEACH, FL 33062**

**1340 S OCEAN BLVD  
#2007  
POMPANO, FL 33062**

**DO NOT WRITE  
IN THIS SPACE**

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

*Nisha Spina*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**4/20/04**

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
SPINA, SALVATORE  
C/O JAY SHAH 1010 S OCEAN BLVD PH#8 #2007  
POMPANO BEACH, FL 33062  
POMPANO FL 33062**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
JAYANT SPINA, NISHA  
C/O JAY SHAH 1010 S OCEAN BLVD PH#8 #2007  
POMPANO BEACH, FL 33062  
POMPANO BEACH FL 33062**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

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:

*Nisha Spina*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/20/04**

Date

**(754) 235 4424**

Daytime Phone #