

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000085851

FILED
Apr 24, 2006
Secretary of State

Entity Name: BONA CAFE & ITALIAN RESTAURANT, INC.

Current Principal Place of Business:

2468 WILTON DRIVE
WILTON MANORS, FL 33305

New Principal Place of Business:

Current Mailing Address:

2468 WILTON DRIVE
WILTON MANORS, FL 33305

New Mailing Address:

C/O NISHA SPINA
1340 S OCEAN BLVD #2007
POMPANO BCH, FL 33062

FEI Number: 65-0951619

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPINA, SALVATORE
1340 S OCEAN BLVD #2007
POMPANO BCH, FL 33062 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SPINA, SALVATORE
Address: 1340 S OCEAN BLVD #2007
City-St-Zip: POMPAN0 BEACH, FL 33062

Title: D () Delete
Name: JAYANT SPINA, NISHA
Address: 1340 S OCEAN BLVD #2007
City-St-Zip: POMPAN0 BCH, FL 33062

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SALVATORE SPINA

PRES

04/24/2006

Electronic Signature of Signing Officer or Director

Date