## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P99000085851

Entity Name: BONA CAFE & ITALIAN RESTAURANT INC.

FILED Mar 24, 2009 Secretary of State

Littly Na	IIIE. BONA C	ALE & ITALIAN RESTAURAN	I, INC.		
Current Principal Place of Business:			New Principal Place of Business:		
	TON DRIVE MANORS, FL	33305			
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
	A SPINA CEAN BLVD #. O BCH, FL 33				
FEI Number	: 65-0951619	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:		
1340 Ś O( POMPAN(	ALVATORE CEAN BLVD #. O BCH, FL 33	062 US			
	e named entity e of Florida.	submits this statement for the	purpose of changing its registere	ed office or registered agent, or both,	
SIGNATU	RE:				
	Electro	nic Signature of Registered Ag	ent	Date	
Election Ca	mpaign Financir	g Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	SPINA, SALVA 1340 S OCEAI		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D ( JAYANT SPINA 1340 S OCEAI POMPANO BO	N BLVD #2007	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify 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: NISHA J SPINA OWNE 03/24/2009