


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 21, 2005 8:00 am**  
**Secretary of State**

03-21-2005 90093 017 \*\*\*150.00

<b>DOCUMENT # V29012</b>	
1. Entity Name <b>BONANZA REALTY, INC.</b>	

Principal Place of Business <b>69 MERRICK-WAY STE 204 CORAL GABLES FL 33134</b>	Mailing Address <b>2520 SW 22ND ST STE 2-330 MIAMI FL 33145 US</b>
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2. Principal Place of Business <b>147 Alhambra Circle</b>	3. Mailing Address <b>3800 Crawford Ave</b>
Suite, Apt. #, etc. <b>Suite # 215</b>	Suite, Apt. #, etc.

City & State <b>C. Gables, Florion</b>	City & State <b>Coconut Grove, FL</b>
Zip <b>33134</b>	Country <b>DADE</b>
Country <b>DADE</b>	Zip <b>33133</b>



1st MOORE CR2E034 (10/04)

4. FEI Number <b>65-0328587</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent <b>DE VAL, VIVIAN 2520 SW 22ND ST. STE 2-330 MIAMI FL 33145</b>		
7. Name and Address of New Registered Agent Name <b>VIVIAN DE VAL</b> Street Address (P.O. Box Number is Not Acceptable) <b>3800 Crawford Ave</b> City <b>Coconut Grove, FL</b> Zip Code <b>33133</b>		

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  DATE **March 1, 2005**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

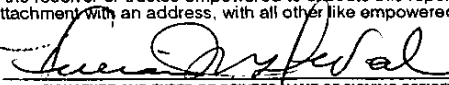
**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees  
Trust Fund Contribution. ☐

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P DE VAL, VIVIAN 2520 SW 22 ST. #2-330 MIAMI FL 33145</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P VIVIAN DE VAL 3800 CRAWFORD Ave COCONUT GROVE, FL 33133</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD DE VAL, LISSET 2520 SW 22 ST. #2-330 MIAMI FL 33145</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD DE VAL, Lisset 3800 CRAWFORD Ave COCONUT GROVE, FL 33133</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

 **(VIVIAN M DE VAL)**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **PRESIDENT**

Date **3/01/05**

Daytime Phone # **305-8606727**