2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2004 08:00 AM
Secretary of State

DOCUMENT # V45331

1. Entity Name
BONIN FLORIDA, INC.

Principal Place of Business	Mailing Address
C/O M G MARGIO CPA 200 E MONUMENT A KISSIMMEE, FL 34741 US	C/O M G MARGIO CPA 200 E MONUMENT A KISSIMMEE, FL 34741 US

01222004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3303500
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MICHAEL G. MARGIO
200 E. MONUMENT AVE.
SUITE C
KISSIMMEE, FL 34741

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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
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, 2004 Fee will be $550.00

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

U00000032394
02/05/04-80001-021 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	KOO, SUEN KOW
STREET ADDRESS	6454 DUNWOODY CIR. NW.,
CITY-ST-ZIP	CANTON, OH
TITLE	D
NAME	KOO, SUEN KOW
STREET ADDRESS	3F NIPPON PAINT BLDG 13 AU PUI WAN ST
CITY-ST-ZIP	FO TAN, SHATIN, NEW TERR, HK
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: X _____ KOO, SUEN KOW (D) JAN.28, 2004