


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90206 049 ***150.00

DOCUMENT # F06000005681
 1. Entity Name **ROI G**
BVHG/ROI G SOUTH AMERICAN HOLDING LTD CORP



Principal Place of Business: 2910 W BAY TO BAY BLVD. #200 TAMPA FL 33629
 Mailing Address: 2910 W BAY TO BAY BLVD. #200 TAMPA FL 33629



2. Principal Place of Business - No P.O. Box #
10100 International Dr.
 Suite, Apt. #, etc. **Suite 2001**
 City & State **Orlando, FL**
 Zip **32821** Country **USA**

3. Mailing Address
10100 International Dr.
 Suite, Apt. #, etc. **Suite 2001**
 City & State **Orlando, FL**
 Zip **32821** Country **USA**

1st MOORE CR2E034 (10/06)

6. Name and Address of Current Registered Agent
FROST, MICHAEL H
~~2910 W BAY TO BAY BLVD. #200 TAMPA FL 33629~~
10100 International Dr. #2001
Orlando, FL 32821

4. FEI Number Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required
 7. Name and Address of New Registered Agent
 Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City **FL** Zip Code _____

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 _____ (NOTE: Registered Agent signature required when reinstating.) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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	CP FROST, MICHAEL H 2910 W BAY TO BAY BLVD. #200 TAMPA FL 33629 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VCVP WRIGHT, COLIN 2910 W BAY TO BAY BLVD. #200 TAMPA FL 33629 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D BUENA VISTA HOSPITALITY GROUP, INC. 2910 W BAY TO BAY BLVD. #200 TAMPA FL 33629 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D CORPORATIVO, ROI G 2910 W BAY TO BAY BLVD. #200 TAMPA FL 33629 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	S ROI G, ALPHONSO 2910 W BAY TO BAY BLVD. #200 TAMPA FL 33629 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	I GIRI, EMILIANO 2910 W BAY TO BAY BLVD. #200 TAMPA FL 33629 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	CP Frost, Michael H. 10100 International Dr. #2001 Orlando, FL 32821 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VCVP Wright, COLIN 10100 International Dr. #2001 Orlando, FL 32821 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D Buena Vista Hospitality Group, INC. 10100 International Dr. #2001 Orlando, FL 32821 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D Corporativo, ROI G 10100 International Dr. #2001 Orlando, FL 32821 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	S Roig, Alphonso 10100 International Dr. #2001 Orlando, FL 32821 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	I Giri, Emiliano 10100 International Dr. #2001 Orlando, FL 32821 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:  DATE: **24.07**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #