
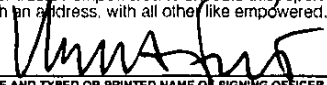


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2008 8:00 am
Secretary of State

04-02-2008 90015 028 ***150.00

DOCUMENT # F06000005681					
1. Entity Name BVHG/RDIG SOUTH AMERICAN HOLDING LTD CORP					
Principal Place of Business 10100 INTERNATIONAL DR SUITE 2001 ORLANDO, FL 32821			Mailing Address 10100 INTERNATIONAL DR SUITE 2001 ORLANDO, FL 32821		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number NOT APPLICABLE	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
FROST, MICHAEL H 10100 INTERNATIONAL DR #2001 ORLANDO, FL 32821			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, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	CP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FROST, MICHAEL H	NAME			
STREET ADDRESS	10100 INTERNATIONAL DR #2001	STREET ADDRESS			
CITY-ST-ZIP	ORLANDO, FL 32821	CITY-ST-ZIP			
TITLE	VCVP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WRIGHT, COLIN	NAME			
STREET ADDRESS	10100 INTERNATIONAL DR #2001	STREET ADDRESS			
CITY-ST-ZIP	ORLANDO, FL 32821	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BUENA VISTA HOSPITALITY GROUP, INC.	NAME			
STREET ADDRESS	10100 INTERNATIONAL DR #2001	STREET ADDRESS			
CITY-ST-ZIP	ORLANDO, FL 32821	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CORPORATIVO, ROI G	NAME			
STREET ADDRESS	10100 INTERNATIONAL DR #2001	STREET ADDRESS			
CITY-ST-ZIP	ORLANDO, FL 32821	CITY-ST-ZIP			
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ROIG, ALPHONSO	NAME			
STREET ADDRESS	10100 INTERNATIONAL DR #2001	STREET ADDRESS			
CITY-ST-ZIP	ORLANDO, FL 32821	CITY-ST-ZIP			
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GIRI, EMILIANO	NAME			
STREET ADDRESS	10100 INTERNATIONAL DR #2001	STREET ADDRESS			
CITY-ST-ZIP	ORLANDO, FL 32821	CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 807, 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: 2/28/08		Daytime Phone #: 407 352-7161	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					