


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 20, 2005 8:00 am**  
**Secretary of State**

01-20-2005 90030 023 \*\*\*150.00

**DOCUMENT # P03000099141**

1. Entity Name  
**BUENVIDA INC.**



Principal Place of Business      Mailing Address

**114 SEAGRAPE DR  
 JACKSONVILLE BCH, FL 32250**      **114 SEAGRAPE DR  
 JACKSONVILLE BCH, FL 32250**

2. Principal Place of Business      3. Mailing Address

**14750 Beach Blvd**      **14750 Beach Blvd**

Suite, Apt. #, etc.      Suite, Apt. #, etc.


**# 45**      **# 45**

City & State      City & State

**Jacksonville Beach FL**      **Jacksonville Beach, Fl**

Zip      Country      Zip      Country

**32250**      **USA**      **32250**      **USA**



01032005      Chg-P      CR2E034 (10/03)

4. FEI Number      Applied For

**20-0422675**      Not Applicable

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

6. Name and Address of Current Registered Agent

**SHEHATA, LAYLA A  
 14750 BCH BLVD UNIT 43  
 JACKSONVILLE BCH, FL 32250**

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: *Layla A Shehata*      DATE: **1-5-05**

Signature, typed or printed name of registered agent, if not applicable. (NOTE: Registered Agent signature required when resigning)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>SHEHATA, LAYLA A</b>	
STREET ADDRESS	<b>14750 BCH BLVD UNIT 43</b>	
CITY-ST-ZIP	<b>JACKSONVILLE BCH, FL 32250</b>	
TITLE	<b>ST</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>LOFTON, LISA</b>	
STREET ADDRESS	<b>114 SEAGRAPE DR</b>	
CITY-ST-ZIP	<b>JACKSONVILLE BCH, FL 32250</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Layla A Shehata*      DATE: **1-5-05**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #