


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 14, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P98000043057**

1. Entity Name  
**BUENOSCUATES CORP.**



Principal Place of Business  
**301 RIDGEWOOD RD  
 KEY BISCAYNE, FL 33149**

Mailing Address  
**777 BRICKELL AVENUE  
 1390 PH  
 MIAMI, FL 33131 US**

**DO NOT WRITE IN THIS SPACE**



01042005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>65-0835707</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**FERDIE, AINSLEE R  
 717 PONCE DE LEON BLVD.  
 SUITE 215  
 CORAL GABLES, FL 33134**

**DO NOT WRITE IN THIS SPACE**

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, 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 NAME STREET ADDRESS CITY-ST-ZIP	D URRUELA, JUAN F 777 BRICKELL AVE #1390 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DE URRUELA, ESTELA 777 BRICKELL AVE #1390 MIAMI, FL 33131
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 01/14/05-80046-019 158.75

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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: Juan Urruela Jan 14 05 Juan Urruela (305) 374-0500  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #