


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 18, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 165041</b>			
1. Entity Name BUENA VISTA MOTEL INC.			
Principal Place of Business 5200 SPACE COAST PARKWAY KISSIMMEE, FL 34746-5346		Mailing Address 5200 SPACE COAST PARKWAY KISSIMMEE, FL 34746-5346	
<b>DO NOT WRITE IN THIS SPACE</b>			
			
		01052006 No Chg-P CR2E034 (11/05)	
4. FEI Number 59-0651392		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			
CSOKASY, IRENE BUENA VISTA MOTEL, INC. 5200 W BRONSON MEM. HWY KISSIMMEE, FL 34746		<b>DO NOT WRITE IN THIS SPACE</b>	
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 reinstalling) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		STD CSOKASY, JOSEPH 1381 PINE IS. RD. KISSIMMEE, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		PD CSOKASY, IRENE 5200 W BRONSON MEM HWY KISSIMMEE, FL	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			
<b>DO NOT WRITE IN THIS SPACE</b>			
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 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: <i>Joseph Csokasy</i>		1-11-06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	