

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 165041

FILED
Feb 24, 2009
Secretary of State

Entity Name: BUENA VISTA MOTEL INC.

Current Principal Place of Business:

5200 SPACE COAST PARKWAY
KISSIMMEE, FL 347465346

New Principal Place of Business:

5200 W. IRLO BRONSON MEM HWY
KISSIMMEE, FL 34746

Current Mailing Address:

5200 SPACE COAST PARKWAY
KISSIMMEE, FL 347465346

New Mailing Address:

5200 W. IRLO BRONSON MEM HWY
KISSIMMEE, FL 34746

FEI Number: 59-0651392

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CSOKASY, IRENE
BUENA VISTA MOTEL, INC.
5200 W BRONSON MEM. HWY
KISSIMMEE, FL 34746 US

Name and Address of New Registered Agent:

JONES, REBECCA
BUENA VISTA MOTEL, INC.
5200 W IRLO BRONSON MEM. HWY
KISSIMMEE, FL 34746 US

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.

SIGNATURE: REBECCA JONES

02/24/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: STD () Delete
Name: CSOKASY, JOSEPH,
Address: 1381 PINE IS. RD.
City-St-Zip: KISSIMMEE, FL

Title: PD () Delete
Name: CSOKASY, IRENE,
Address: 5200 W BRONSON MEM HWY
City-St-Zip: KISSIMMEE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: STD (X) Change () Addition
Name: CSOKASY, JOSEPH,
Address: 1381 PINE IS. RD.
City-St-Zip: KISSIMMEE, FL 34744

Title: MGRM (X) Change () Addition
Name: JONES, REBECCA,
Address: 5200 W IRLO BRONSON MEM HWY
City-St-Zip: KISSIMMEE, FL 34746

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: REBECCA JONES

MGRM

02/24/2009

Electronic Signature of Signing Officer or Director

Date