

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90302 039 ***150.00

DOCUMENT # F07127

1. Entity Name
BUENA VISTA PALACE CORPORATION



Principal Place of Business
**2910 W. BAY TO BAY BLVD
STE 200
TAMPA, FL 33629 US**

Mailing Address
**2910 W. BAY TO BAY BLVD
STE 200
TAMPA, FL 33629 US**

50042362



04152005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2063560

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**FROST, MICHAEL H
2910 W. BAY TO BAY BLVD
STE 200
TAMPA, FL 33629**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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	D
NAME	SHIMBERG, MANDELL
STREET ADDRESS	100 S. ASHLEY, #820
CITY-ST-ZIP	TAMPA FL,
TITLE	D
NAME	KENNEDY, DAVID A.
STREET ADDRESS	2910 W. BAY TO BAY BLVD #200
CITY-ST-ZIP	TAMPA, FL 33629
TITLE	PD
NAME	FROST, MICHAEL H
STREET ADDRESS	2910 W. BAY TO BAY BLVD #200
CITY-ST-ZIP	TAMPA, FL 33629
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 persons empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/18/05 (813) 221-7535

Michael Frost