
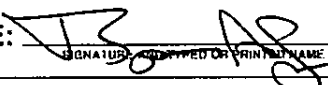


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 19, 2004 8:00 am
Secretary of State

07-19-2004 90006 050 ***150.00

DOCUMENT # F99000005019 1. Entity Name BUENA SOMBRA INSURANCE AGENCY, INC.					
Principal Place of Business 520 PARK AVENUE BALTIMORE, MD 21201			Mailing Address 20 MOORES ROAD FRAZER, PA 19355 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 reappointing) <small>Signature, typed or printed name of registered agent and title if applicable</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D BAIRD, PATRICK S 4333 EDGEWOOD RD. NE CEDAR RAPIDS, IA 52499 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	Director Edward H. Walker, III 520 Park Avenue Baltimore, MD 21201 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D EUBANKS, MICHAEL 520 PARK AVE BALTIMORE, MD 21201 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P SMITH, BRIAN 20 MOORES RD. FRAZER, PA 19355 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	V REKOSKI, DAVID G 520 PARK AVENUE BALTIMORE, MD 21201 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	S LATCHFORD, PAUL C 520 PARK AVENUE BALTIMORE, MD 21201 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	T MCCONNELL, MARTHA A 520 PARK AVENUE BALTIMORE, MD 21201 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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: 			Brian A. Smith <small>SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		
			Date: 7/7/04 <small>Date</small>		
			Daytime Phone #: 6610-648-5000 <small>Daytime Phone #</small>		