


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 19, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # F99000005019**  
 1. Entity Name  
 BUENA SOMBRA INSURANCE AGENCY, INC.



Principal Place of Business      Mailing Address  
 520 PARK AVENUE                      20 MOORES ROAD  
 BALTIMORE, MD 21201                FRAZER, PA 19355      US

**DO NOT WRITE IN THIS SPACE**



01062005      No Chg-P      CR2E034 (10/03)

4. FEI Number 42-1489645	Applied For Not Applicable
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5. Certificate of Status Desired            **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
 CT CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION, FL 33324

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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 reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

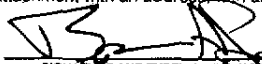
9. Election Campaign Financing Trust Fund Contribution            **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALKER, EDWARD H III 520 PARK AVENUE BALTIMORE, MD 21201
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EUBANKS, MICHAEL 520 PARK AVE BALTIMORE, MD 21201
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SMITH, BRIAN 20 MOORES RD. FRAZER, PA 19355
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V REKOSKI, DAVID G 520 PARK AVENUE BALTIMORE, MD 21201
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LATCHFORD, PAUL C 520 PARK AVENUE BALTIMORE, MD 21201
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MCCONNELL, MARTHA A 520 PARK AVENUE BALTIMORE, MD 21201

1100000185503  
 01/21/05-00018-010 150.00

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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:  Brian A. Smith      Date: 1/10/05      Daytime Phone #: 610-648-5600