

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 08:00 AM
Secretary of State

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

DO NOT WRITE IN THIS SPACE



01042006 No Chg-P CR2E034 (11/05)

4. FEI Number: 42-1489645 Applied For / Not Applicable
 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

UN00000387063
 01/19/06-80023-012 150.00

10. OFFICERS AND DIRECTORS

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

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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: **Brian A. Smith** 1/6/05 610-648-5001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #