

**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

**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 reissuance)

DATE

**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

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Brian A. Smith

Date

1/6/05

Daytime Phone #

610-648-5001