

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 10, 2004 08:00 AM
Secretary of State

DOCUMENT # F99000005906 1. Entity Name BUENA VISTA SHORES, INC.	
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Principal Place of Business 969 HILLSBORO MILE HILLSBORO BEACH, FL 33062	Mailing Address 969 HILLSBORO MILE HILLSBORO BEACH, FL 33062
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DO NOT WRITE IN THIS SPACE



02062004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0960429	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent GRANT, MARK F ESQ. 200 EAST BROWARD BLVD., 15TH FLOOR FORT LAUDERDALE, FL 33301

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	000000159604 05/10/04-80038-010 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HOLDEN, RALPH 969 HILLSBORO MILE HILLSBORO BEACH, FL 33062
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GRANT, MARK F 200 EAST BROWARD BLVD., 15TH FLOOR FORT LAUDERDALE, FL 33301
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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)(f), 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 life empowered.

SIGNATURE: *Ralph Holden* **RALPH HOLDEN** 5-7-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #