
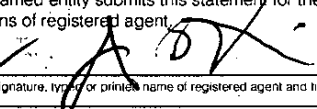
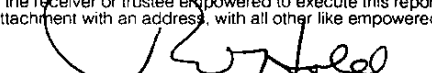


<b>DOCUMENT # F99000005906</b>						<b>Secretary of State</b> 04-08-2005 90034 039 ***150.00	
1. Entity Name <b>BUENA VISTA SHORES, INC.</b>							
Principal Place of Business <b>969 HILLSBORO MILE HILLSBORO BEACH, FL 33062</b>				Mailing Address <b>969 HILLSBORO MILE HILLSBORO BEACH, FL 33062</b>			
2. Principal Place of Business				3. Mailing Address			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
				03152005 Chg-P CR2E034 (10/03)			
				4. FEI Number <b>65-0960429</b>		Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
<b>GRANT, MARK F ESQ. 200 EAST BROWARD BLVD., 15TH FLOOR FORT LAUDERDALE, FL 33301</b>				Name <b>Jesse Diner</b>			
				Street Address (P.O. Box Number is Not Acceptable) <b>One Financial Plaza, Suite 1400</b>			
				<b>100 SE 3rd Avenue</b>			
				City <b>Ft. Lauderdale</b> <b>FL</b> Zip Code <b>33394</b>			
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							
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition			
PD HOLDEN, RALPH 969 HILLSBORO MILE HILLSBORO BEACH, FL 33062							
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input checked="" type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
V GRANT, MARK F 200 EAST BROWARD BLVD., 15TH FLOOR FORT LAUDERDALE, FL 33301				Diner, Jesse One Financial Plaza, Suite 1400 Ft Lauderdale, FL 33394			
TITLE NAME STREET ADDRESS CITY-ST-ZIP <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 <input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP <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)(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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Ralph Holden PRESIDENT 4-03-05 954-480-7137			