

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2006 08:00 AM
Secretary of State

DOCUMENT # F99000005906

1. Entity Name
BUENA VISTA SHORES, INC.



Principal Place of Business
**969 HILLSBORO MILE
HILLSBORO BEACH, FL 33062**

Mailing Address
**969 HILLSBORO MILE
HILLSBORO BEACH, FL 33062**



04282006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0960429

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**DINER, JESSIE
ONE FINANCIAL PLAZA, SUITE 1400
100 SE 3RD AVE
FORT LAUDERDALE, FL 33394**

**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 reinstating)

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

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 DINER, JESSIE ONE FINANCIAL PLAZA, SUITE 1400 FORT LAUDERDALE, FL 33394
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000559950
05/18/06-80020-012 150.00

**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; 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

Date

Daytime Phone #

Ralph Holden **Ralph Holden**

4-29-06