2005 FOR PROFIT CORPORATION ANNUAL REPORT

May 02, 2005 8:00 am Secretary of State DOCUMENT # L72813 05-02-2005 90461 011 ***150.00 BUENA VISTA PROPERTIES, INC. Principal Place of Business Mailing Address LOEB, BLOCK & PARTNERS, LLP LANGEN & LANGEN 112 SOUTH HIBISCUS ISLANDS 505 PARK AVE 9TH FLOOR MIAMI, FL 33139 US NEW YORK, NY 10022 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 04052005 Chg-P CR2E034 (10/03) 4, FEI Number Applied For City & State City & State 65-0196834 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ĽÁNGEN & LANGEN, P.A. Street Address (P.O. Box Number is Not Acceptable) 112 SOUTH HIBISCUS ISLAND MIAMI, FL 33139 Zip Code 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title il applicable. 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. \Box Added to Fees After May 1, 2005 Fee will be \$550.00 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Director/Secretary ☐ Change AS ☐ Addition ☐ Delete TITLE TITLE Howard Berke WACKSMAN, LEONARD NAME NAME 505 Park Avenue, 9th Fl. STREET ADDRESS 505 PARK AVENUE 9 FLOOR STREET ADDRESS New York, NY 10022 Director/Vice-President □ Change CITY-ST-ZIP CITY-ST-ZIP NEW YORK, NY 10022 ☐ Addition D TİTLE ☐ Delete TITLE M. Stephen Rasch WACKSMAN, LEONARD NAME NAME 505 Park Avenue, 9th Fl. STREET ADDRESS STREET ADDRESS 505 PARK AVE 9TH FLOOR CITY-ST-ZIP New York, NY 10022 CITY-ST-7IP NEW YORK, NY 10022 Director/President ☐ Delete TITLE ☐ Change Addition TITLE Jeffrey Wacksman NAME NAME STREET ADDRESS STREET ADDRESS 505 Park Avenue, 9th Fl. CITY-ST-ZIP New York, NY 10022 CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Change Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P

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

SIGNATURE:

INTED NAME OF SIGNING OFFICER OR DIRECTOR

Howard Berke

4/25/05

Date

FILED