


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 22, 2005 8:00 am**  
**Secretary of State**

<b>DOCUMENT # M32158</b> 1. Entity Name <b>BUENAVENTURA LAKES SHOPPING CENTER, INC.</b>	
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Principal Place of Business <b>550 BILTMORE WAY, #1110 CORAL GABLES, FL 33134 US</b>	Mailing Address <b>550 BILTMORE WAY, #1110 CORAL GABLES, FL 33134 US</b>
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**DO NOT WRITE IN THIS SPACE**

03152005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-2756196</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent

**ROSA ECKSTEIN SCHECHTER, ESQ.  
550 BILTMORE WAY  
SUITE 1110  
CORAL GABLES, FL 33134**

**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 \_\_\_\_\_ (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</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ECKSTEIN, BERNARD 550 BILTMORE WAY, #1110 CORAL GABLES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD STERN, EDUARDO 550 BILTMORE WAY, #1110 CORAL GABLES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SCHECHTER, ROSA ECKSTEIN 550 BILTMORE WAY #1110 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MORRISEY, WILLIAM 120 FAIRWAY WOODS BOULEVARD ORLANDO, FL 32824
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**700053933127**  
**05/06/05--01007--023 \*\*150.00**

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IN THIS SPACE**

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:**  **Rosa E. Schechter** **4/15/05** **(305) 461-2440**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #