

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2008 8:00 am
Secretary of State

04-29-2008 90076 003 ***150.00

DOCUMENT # M32158

1. Entity Name
BUENAVENTURA LAKES SHOPPING CENTER, INC.



Principal Place of Business
550 BILTMORE WAY, #1110
CORAL GABLES, FL 33134 US

Mailing Address
550 BILTMORE WAY, #1110
CORAL GABLES, FL 33134 US

40088430



01042008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2756196

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SCHEXHTER, ROSA E
550 BILTMORE WAY STE 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

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME ECKSTEIN, BERNARD
STREET ADDRESS 550 BILTMORE WAY, #1110
CITY-ST-ZIP CORAL GABLES, FL

TITLE VSD
NAME STERN, EDUARDO
STREET ADDRESS 550 BILTMORE WAY, #1110
CITY-ST-ZIP CORAL GABLES, FL

TITLE TD
NAME SCHECHTER, ROSA ECKSTEIN
STREET ADDRESS 550 BILTMORE WAY #1110
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

Bernard Eckstein

Bernard Eckstein

4-22-08

(305) 461-2440

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #