¹ 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 16, 2006 8:00 am Secretary of State

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DOCUMENT # N0100003397 1. Entity Name LA BUONA VITA CO-OP, INC.						03.	-16-2006 90	0240 013	3 ****61.2	25
LA BUUN	IA VITA CO-OP, INC.									
Principal Place of Business 8601 SOUTH FEDERAL HIGHWAY PORT ST. LUCIE, FL 34952-3304		1111	Mailing Address 1111 SW FEDERAL HWY STE 100 STUART, FL 34994							
2. Principal Place of Business		3. Mai	3. Mailing Address							
Suite, Apt. #, etc.		Su	Suite, Apt. #, etc.			02212006 CH	ng-NP	CR2E03	37 (11/05)	
City & State		Cit	City & State			4. FEI Number 65-110627	7			oplied For
Zip	Country	Zip		Country	_	5. Certificate of St	atus Desired		\$8.75 Add Fee Require	fitional
	6. Name and Address of Curre	nt Registere	d Agent			7. Name and Add	ress of New Re	gistered /	Agent	
REPNSTE	IN DAVIDS ESO			l Na	ame					
BERNSTEIN, DAVID S ESQ. RUDEN, MCCLOSKY, SMITH, SCHUSTER & F 150 SECOND AVENUE NORTH, 17TH FLOOR			w.1.000222		reet Address	(P.O. Box Number is I	Not Acceptable)		
	RSBURG, FL 33701		•							
				Ci	ty			FL	Zip Cod	ė
	named entity submits this statement tions of registered agent.	t for the purp	ose of changing its	registered of	ffice or registe	ered agent, or both, in	the State of Fio	rida. Lam	familiar with,	and accept
SIGNATURE .										
1	Signature, typed or printed name of registered ag-	ent and title if app	olicable. (NOTE	: Registered Ager	nt signature require	ed when reinstating)		DATE		
	Signature, typed or printed name of registered ag: Filling Fee is \$61.25	ent and title if app	9. Election Can	npaign Finan	cing _		E .	ake checi	k payable t	
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10.	Filing Fee is \$61.25 Due by May 1, 2006 OFFICERS AND		9. Election Can Trust Fund C	npaign Financontribution.	cing _	\$5.00 May Be	Flori	ake checi da Depar	TECTORS IN	tate
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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 617, 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: _

My Way
SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/86 712879-4300

DI Gregorio, WILLIAM 451 LABUONA VILA DY Port St. Lucie, FT 34952

ATTACHMENT 40032688 Addition SOVEL, JAMES 8490 Florence Dr. #47 Port St. Lucie, F/34952