


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N03000011123 1. Entity Name BUENA VENTURA LAKES LITTLE LEAGUE, INCORPORATED						<div style="font-size: 2em; font-weight: bold; transform: rotate(-5deg);">FILED</div> <div style="font-size: 1.2em;">04 OCT -4 AM 11:38</div> <div style="font-size: 0.8em;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div>	
Principal Place of Business 419 BUENAVENTURA BLVD. KISSIMMEE, FL 34743				Mailing Address PMB 275 1970 OSEOLA PKWY. KISSIMMEE, FL 34743			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent CHAVEZ, MARIBEL 1970 E. OSCEOLA PKWY. KISSIMMEE, FL 34743				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL 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 _____ <small>Signature, typed or printed name of registered agent and (do if applicable) (NOTE: Registered Agent signature required when reinstating)</small>							
Filing Fee is \$61.25 Due by September 8, 2004				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CHAVEZ, LUIS R 167 ALAMEDA DRIVE KISSIMMEE, FL 34743 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	300041569613 <input type="checkbox"/> Change <input type="checkbox"/> Addition 10/04/04--01035--003 **61.25		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DEL VALLE, OMAR 1803 BAGGETTE COURT KISSIMMEE, FL 34743 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Briceño, Luis E 107 Guadalajara Dr Kissimmee, FL 34743 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CHAVEZ, MARIBEL 167 ALAMEDA DRIVE KISSIMMEE, FL 34743 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRICENO, LUIS E 107 GUADALAJARA DRIVE KISSIMMEE, FL 34743 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Fuentes Connie PMB 275 1970 E. Osceola PKWY Kiss, FL 34743 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Zayas Migna 4000 casa del Ray CR Orlando, FL 32809 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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 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: <i>Maribel Chavez</i> Maribel Chavez				9/22/04 (407) 344-1658			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>			