2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 16, 2006
Secretary of State

DOCUMENT# N05000008046

Entity Name: BUENA VISTA TROPISCAPE CORP

Current Principal Place of Business:

45 NW 44 STREET
MIAMI, FL 33127

New Principal Place of Business:

Current Mailing Address:

45 NW 44 STREET
MIAMI, FL 33127

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BRAUN, SUSAN K
45 NW 44 STREET
MIAMI, FL 33127 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: BRAUN, SUSAN K
Address: 45 NW 44 STREET
City-St-Zip: MIAMI, FL 33127

Title: VP (X) Delete
Name: TIFFANY, SUSAN
Address: 1800 SUNSET HARBOUR SOUTH, 11TH FLOOR
City-St-Zip: MIAMI, FL 33139

Title: VP ( ) Delete
Name: SAGER, TRACEY
Address: 81 GAGE ROAD
City-St-Zip: EAST BRUNSWICK, NJ 08816

Title: VP (X) Delete
Name: GARCIA, FERNANDO
Address: 5915 NORTH MIAMI AVE
City-St-Zip: MIAMI, FL 33139

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUSAN BRAUN PRES 07/16/2006
Electronic Signature of Signing Officer or Director — Date