

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000003177

FILED
Apr 16, 2004
Secretary of State

Entity Name: BUENA VIDA PRODUCTIONS, INC.

Current Principal Place of Business:

4100 N. OCEAN DRIVE
UNIT 1801, #44
SINGER ISLAND, FL 33404

New Principal Place of Business:

Current Mailing Address:

C/O BELFONTI ASSOCIATES
ONE HAMDEN CENTER-2319 WHITNEY AVE.
HAMDEN, CT 06518

New Mailing Address:

C/O BELFONTI ASSOCIATES
2319 WHITNEY AVE, SUITE 1A
HAMDEN, CT 06518

FEI Number: 65-0978398

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GALLOWAY, GREGORY B
% GALLOWAY & ASSOCIATES,P.A.,1000 UNIVERSA
L PLAZA,BLDG.22A,STE.218
ORLANDO, FL 32819 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: BELFONTI, MICHAEL
Address: 2319 WHITNEY AVE STE 1A
City-St-Zip: HAMDEN, CT 06518

Title: VSD () Delete
Name: RAUCCI, PAUL
Address: 4100 N. OCEAN DR., UNIT 1801, #44
City-St-Zip: SINGER ISLAND, FL 33404

Title: D (X) Delete
Name: ECHAVARRIA, HECTOR
Address: 421 AVENUE F
City-St-Zip: REDONDO BEACH, CA 90277

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:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL BELFONTI

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04/16/2004

Electronic Signature of Signing Officer or Director

Date