


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**May 01, 2006 08:00 AM
Secretary of State**

| | |
|---|---|
| DOCUMENT # P00000074692 1. Entity Name BUENO SERVICES, INC. |  |
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| Principal Place of Business 10 LOCHWIND LANE ORMOND BEACH, FL 32176 | Mailing Address 10 LOCHWIND LANE ORMOND BEACH, FL 32176 |
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04262008 No Chg-P CR2E034 (11/05)

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| | |
|------------------------------------|---|
| 4. FEI Number 59-3663173 | Applied For <input type="checkbox"/> Not Applicable |
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| | |
|--|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent BUENO, PATRICIO 10 LOCHWIND LANE ORMOND BEACH, FL 32176 |
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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 title if applicable. (NOTE: Registered Agent signature required when reinstating) **DATE** _____

**FILE NOW!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

U00000546854
05/11/06-80132-025 150.00

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P BUENO, PATRICIO 10 LOCHWIND LANE ORMOND BEACH, FL 32176 |
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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 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: Patricio Bueno
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-26-06 (386)6711053
Date Daytime Phone #