

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 17, 2008 08:00 A
Secretary of State

DOCUMENT # P00000076740

1. Entity Name
LA BUANA VITA, INC.



Principal Place of Business
7559 W SAND LAKE ROAD
ORLANDO, FL 32819

Mailing Address
611 S ORLANDO AVE
MAITLAND, FL 32751



03292008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3664013	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GENTILE, R. GREGORY
611 S ORLANDO AVE
MAITLAND, FL 32751

**DO NOT WRITE
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

U000000903708
04/30/08-80056-019 150.00

10. OFFICERS AND DIRECTORS

TITLE	PRES
NAME	GENTILE, R. GREGORY
STREET ADDRESS	611 S ORLANDO AVE
CITY - ST - ZIP	MAITLAND, FL 32751
TITLE	VPSC
NAME	ZOLLO, VICTOR
STREET ADDRESS	C/O 611 S ORLANDO AVE
CITY - ST - ZIP	MAITLAND, FL 32751
TITLE	VPTR
NAME	OYLER, JAMES
STREET ADDRESS	C/O 611 S ORLANDO AVE
CITY - ST - ZIP	MAITLAND, FL 32751
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____