## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P01000080112

City-St-Zip:

POMPANO BEACH, FL 33060

Entity Name: BUENA VISTA COURTYARD VILLA CORP.

FILED Mar 16, 2005 Secretary of State

Littly Nai	me. BOEN	A VISTA COURT TARD VIL	LA CORF.				
Current Principal Place of Business:				New Principal Place of Business:			
4225 EL MAR DR. FORT LAUDERDALE, FL 33308				4900 N. OCEAN BLVD SUITE 208 FORT LAUDERDALE, FL 33308			
Current Mailing Address:				New Mailing Address:			
4225 EL MAR DR. FORT LAUDERDALE, FL 33308				4900 N. OCEAN BLVD SUITE 208 FORT LAUDERDALE, FL 33308			
FEI Number:	: 65-1129501	FEI Number Applied For	( ) FEI Nui	mber Not App	licable ( )	Certificate of Status De	sired ( )
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
C/O MULL 2929 EAS							
	named ent e of Florida.	ity submits this statement fo	or the purpose o	of changing i	ts registered	d office or registered age	ent, or both,
SIGNATUR	RE:						
	Elect	tronic Signature of Register	ed Agent			Date	
Election Car	npaign Finan	cing Trust Fund Contribution (	).				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:		() Delete HOMAS E EAN BLVD. #208 DERDALE, FL 33308		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:		() Delete .OUELLEN :EAN BLVD. #208 DERDALE, FL 33308		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address:	DV HOSHKO, T 140 CYPRE	()Delete HOMAS P ESS CLUB DR., #421		Title: Name: Address:	HOSHKO, TH	(X) Change()Addition HOMAS P ST TERRACE	

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.

City-St-Zip:

FORT LAUDERDALE, FL 33309

SIGNATURE: THOMAS P. HOSHKO D/V 03/16/2005