


2004 FOR PROFIT CORPORATION ANNUAL REPORT

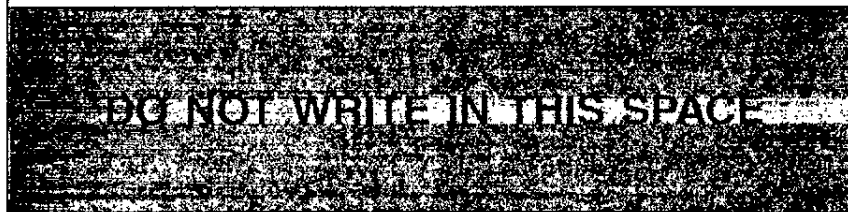
FILED
Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000082010		
1. Entity Name BUENA VISTA BUILDERS, INC.		

Principal Place of Business 5700 LAKEWORTH RD SUITE 211-B GREENACRES, FL 33463	Mailing Address 5700 LAKEWORTH RD SUITE 211-B GREENACRES, FL 33463
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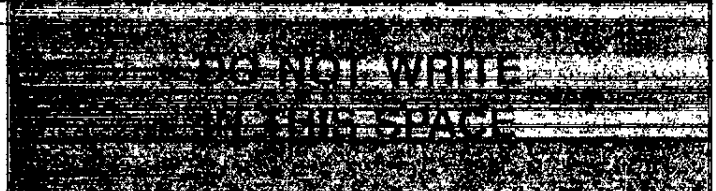


02062004 No Chg-P CR2E034 (10/03)



4. FEI Number 65-1135590	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 PUENTE, NEPTALI A 5700 LAKEWORTH RD SUITE 211-B GREENACRES, FL 33463
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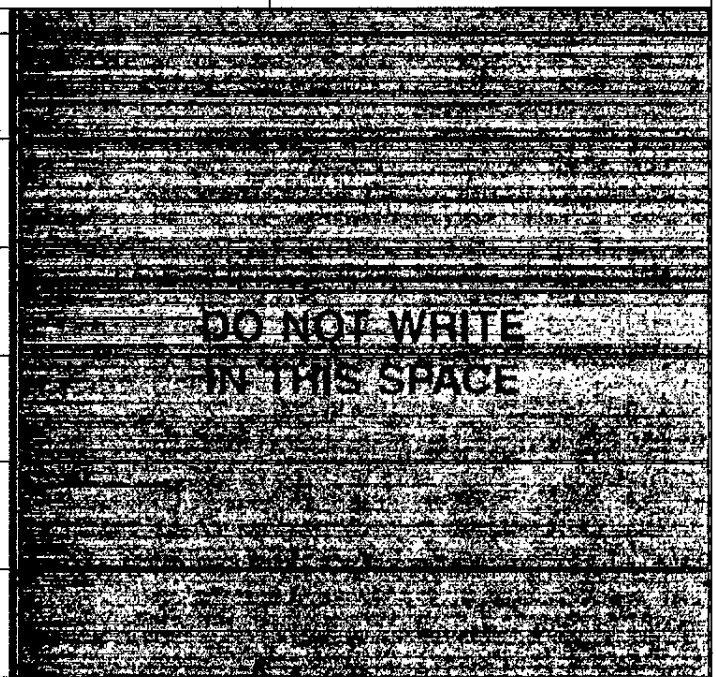


8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

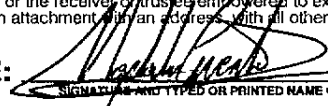
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstalling) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	1000000117722 04/19/04-80030-020 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PUENTE, RAUL A 3782 MOON BAY CIRCLE WELLINGTON, FL 33414
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PUENTE, NEPTALI A 600 CRESTWOOD CT. N. APT 601 ROYAL PALM BEACH, FL 33411
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ANDRADE, ALFONSO 13755 GREENTREE TRAIL WELLINGTON, FL 33414
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	



12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **NEPTALI PUENTE** **04-13-04** **(561) 868-0766**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #