

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 17, 2004 8:00 am
Secretary of State

05-17-2004 90017 050 ***150.00

DOCUMENT # P01000093250	
1. Entity Name BUENACASA, INC.	



Principal Place of Business 10637 N KENDALL DR - STE 7-K MIAMI, FL 33176	Mailing Address 10637 N KENDALL DR - STE 7-K MIAMI, FL 33176
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24076201



2. Principal Place of Business 10488 SW 72nd ST Suite, Apt. #, etc.	3. Mailing Address 10488 SW 72nd ST. Suite, Apt. #, etc.
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03042003 Chg-P CR2E034 (10/03)

City & State MIAMI, FL	City & State MIAMI, FL
Zip 33173	Zip 33173
Country U.S.A.	Country U.S.A.

4. FEI Number NOT APPLICABLE	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 BONNEMAISON, JULIO 10637 N KENDALL DR STE 7K MIAMI, FL 33176	
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7. Name and Address of New Registered Agent Name JULIO BONNEMAISON Street Address (P.O. Box Number Not Acceptable) 10488 SW 72nd ST. City MIAMI FL Zip Code 33173	
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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 	DATE 05/10/04

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 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSD BONNEMAISON, JULIO ENRIQUE 10637 N KENDALL DR STE 7K MIAMI, FL 33176 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD BONNEMAISON, JOSE LUIS 10637 N KENDALL DR STE 7K MIAMI, FL 33176 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD BONNEMAISON, CARLOS LUIS 10637 N KENDALL DR STE 7K MIAMI, FL 33176 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSD BONNEMAISON, JULIO ENRIQUE 10488 SW 72nd ST MIAMI, FL 33173 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD BONNEMAISON, JOSE LUIS 10488 SW 72nd ST MIAMI, FL 33173 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD BONNEMAISON, CARLOS LUIS 10488 SW 72nd ST MIAMI, FL 33173 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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: 	DATE 05/10/04	DAYTIME PHONE # (305) 412-8200
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #