


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90214 043 ***150.00

DOCUMENT # P02000059765			
1. Entity Name BUENA VISTA LANDSCAPE, INC			
Principal Place of Business 615 4 WHITNEY AVE WEST PALM BEACH, FL 33414		Mailing Address 615 4 WHITNEY AVE WEST PALM BEACH, FL 33414	
2. Principal Place of Business 615-4 Whitney Ave Suite, Apt. #, etc.		3. Mailing Address 615-4 Whitney Ave Suite, Apt. #, etc.	
City & State Lantana, FL		City & State Lantana, FL	
Zip 33462		Country	
4. FEI Number 43-1962907		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 MORELLO, EILEEN H 123 NORTH CONGRESS AVENUE 362 BOYNTON BEACH, FL 33426		7. Name and Address of New Registered Agent Name Eileen Morello Street Address (P.O. Box Number is Not Acceptable) 615-4 Whitney Ave City Lantana FL Zip Code 33462	
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 <u>Eileen H Morello</u> DATE <u>4/26/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting)</small>			
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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MORELLO, EILEEN H 615 4 WHITNEY AVE WEST PALM BEACH, FL 33414 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u>Eileen H Morello</u>		Date <u>4/26/04</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

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