2005 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 30, 2005 08:00 AM Secretary of State DOCUMENT # P03000054480 1. Entity Name EUGENIO BUENO, INC. Principal Place of Business Mailing Address 1108 60 AVE WEST 1108 60 AVE WEST BRADENTON, FL 34207 BRADENTON, FL 34207 01172005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 55-0833612 Not Applicable \$8.75 Additional Fee Required 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent BUENO, EUGENIO DO NOT WRITE 1108 60 AVE WEST BRADENTON, FL 34207 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, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. D TITLE BUENO, EUGENIO NAME 1108 60 AVE WEST STREET ADDRESS CITY-ST-ZIP BRADENTON, FL 34207 UDDDDD035D207 TITLE 05/02/05-80095-017 158.75 NAME BUENO, CIELO STREET ADDRESS 1108 60 AVE WEST CITY-ST-ZIP BRADENTON, FL 34207 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE 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 filling 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED