

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 14, 2006 8:00 am**  
**Secretary of State**

02-14-2006 90003 013 \*\*\*158.75

**66005012**



03022006 Chg-P CR2E034 (11/05)

|  |   |   |  |   |  |
|--|---|---|--|---|--|
| <b>DOCUMENT # P05000115826</b><br>1. Entity Name<br><b>BUENAVENTURA GIFTSHOP, INC.</b>   |   |   |  |   |  |
| Principal Place of Business<br><b>1232 FALCONCREST BLVD<br/>APOPKA, FL 32712</b>   |   |   | Mailing Address<br><b>1232 FALCONCREST BLVD<br/>APOPKA, FL 32712</b>   |   |  |
| 2. Principal Place of Business<br><b>4311 S Orlando Dr</b><br>Suite, Apt. #, etc.  |   | 3. Mailing Address<br><br>Suite, Apt. #, etc.   |  |   |  |
| City & State<br><b>Sandford, FL</b><br>Zip <b>32773</b> Country <b>USA</b>   |   | City & State<br><br>Zip Country   |  | 4. FEI Number<br><b>20-3361256</b>                                |  |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>   |   |   |  | Applied For<br><input type="checkbox"/> Not Applicable            |  |
| 6. Name and Address of Current Registered Agent<br><br><b>ALOMIA, IGNACIO<br/>1232 FALCONCREST BLVD<br/>APOPKA, FL 32712</b>   |   |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> Zip Code |   |  |
| 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 reinstating) DATE _____  |   |   |  |   |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2006 Fee will be \$550.00</b>  |   | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |  |   |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |   |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>PRESIDENT<br/>ALOMIA, IGNACIO<br/>1232 FALCONCREST BLVD<br/>APOPKA, FL 32712</b> <input type="checkbox"/> Delete       |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>VICE PRESIDENT<br/>ALOMIA, GREGORIA<br/>1232 FALCONCREST BLVD<br/>APOPKA, FL 32712</b> <input type="checkbox"/> Delete |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>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 exemptions contained in Chapter 119, 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:   |   |   | 3/2/2006   |   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |   |   | Date Daytime Phone #   |   |  |



ATTACHMENT

66005012

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 16, 2006

BUENAVENTURA GIFTSHOP, INC.  
1232 FALCONCREST BLVD  
APOPKA, FL 32712

Subject: BUENAVENTURA GIFTSHOP, INC.

Reference Number: P05000115826

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$158.75; however, the report has not been filed and a copy is being returned for the following correction(s):

List the complete title, name, street address, city, state and zip code of each officer/director of the corporation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/MH  
ANNUAL REPORTS SECTION