2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000146940

Entity Name: BUENA VISTA FINANCIAL SERVICES. INC

FILED Sep 06, 2006 Secretary of State

Entity Nai	me: BUENA I	715 LA FINANCIAL SERVICES,	INC.		
Current Principal Place of Business:			New Principal Place of Business:		
	A OAKS COUF D, FL 32836	रT			
Current Mailing Address:			New Mailing Address:		
	A OAKS COUF D, FL 32836	RT			
FEI Number	: 20-3782237	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
VANDESTREEK, KARYN 8650 TARA OAKS COURT ORLANDO, FL 32836 US			LAMB, TIM 8650 TARA OAKS C ORLANDO, FL 3283		
	e named entity : e of Florida.	submits this statement for the p	urpose of changing its register	ed office or registered agent, or both,	
SIGNATU	RE: TIMOTH	/ LAMB		09/06/2006	
	Electror	nic Signature of Registered Age	ent	Date	
		3(2)(b), F.S., the corporation did no g Trust Fund Contribution ().	t receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD (VANDESTREEI 8650 TARA OA ORLANDO, FL	KS COURT	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VD (LAMB, PAMEL 8650 TARA OA ORLANDO, FL	KS COURT	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	TD (VANDESTREEI 8650 TARA OA ORLANDO, FL	KS COURT	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	SD () LAMB, TIMOTH) Delete IY	Title: Name:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: TIMOTHY LAMB SD 09/06/2006

8650 TARA OAKS COURT

ORLANDO, FL 32836

Address:

City-St-Zip: