


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2008 08:00 AM
Secretary of State

DOCUMENT # P06000098468 1. Entity Name BUGANVILLA, INC.	
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Principal Place of Business 1580 SAWGRASS CORPORATE PKWY STE 130 SUNRISE, FL 33323	Mailing Address 1580 SAWGRASS CORPORATE PKWY STE 130 SUNRISE, FL 33323
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DO NOT WRITE IN THIS SPACE



04242008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-5279396	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent DURAN, ANTONIO 1580 SAWGRASS CORPORATE PKWY STE 130 SUNRISE, FL 33323

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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DURAN, ANTONIO 1580 SAWGRASS CORPORATE PKWY STE 130 SUNRISE, FL 33323
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BANDIN, JUAN C 1580 SAWGRASS CORPORATE PKWY STE 130 SUNRISE, FL 33323
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DEL ROCIO DURAN, MARIA 1580 SAWGRASS CORPORATE PKWY STE 130 SUNRISE, FL 33323
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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U00000982463
05/22/08-80056-007 150.00

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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date 4/24/08 <small>Daytime Phone #</small>
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