

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000032544

FILED  
Apr 16, 2004  
Secretary of State

Entity Name: BUENA VIDA DE ECHAVARRIA S.A., INC.

## Current Principal Place of Business:

4100 N OCEAN DR  
1801, #44  
SINGER ISLAND, FL 33404

## New Principal Place of Business:

## Current Mailing Address:

C/O BELFONTI ASSOCIATES  
ONE HAMDEN CENTER-2319 WHITNEY AVE.  
HAMDEN, CT 06518

## New Mailing Address:

C/O BELFONTI ASSOCIATES  
2319 WHITNEY AVE, SUITE 1A  
HAMDEN, CT 06518

FEI Number: 59-3534681

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

GALLOWAY, GREGORY B  
1000 UNIVERSAL STUDIOS PLAZA  
BLDG. 22A, SUITE 218  
ORLANDO, FL 32819 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: ECHAVARRIA, HECTOR  
Address: 421 AVENUE F  
City-St-Zip: REDONDO BEACH, CA 90277

Title: PTD ( ) Delete  
Name: BELFONTI, MICHAEL  
Address: 2319 WHITNEY AVE, SUITE 1A  
City-St-Zip: HAMDEN, CT 06518

Title: VSD (X) Delete  
Name: RAUCCI, PAUL  
Address: 4100 N OCEAN DRIVE, 1801 #44  
City-St-Zip: SINGER ISLAND, FL 33404

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change ( ) Addition  
Name: BELFONTI, MICHAEL  
Address: 112 PROMENADE DRIVE  
City-St-Zip: HAMDEN, CT 06518

Title: VSD (X) Change ( ) Addition  
Name: RAUCCI, PAUL  
Address: 4100 N. OCEAN DRIVE, 1801, #44  
City-St-Zip: SINGER ISLAND, FL 33404

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

SIGNATURE: MICHAEL BELFONTI

P

04/16/2004

Electronic Signature of Signing Officer or Director

Date