

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000098659

FILED
Apr 26, 2004
Secretary of State

Entity Name: HACIENDA BUENA VENTURA, INC.

Current Principal Place of Business:

2704 SW 20 AVE
OCALA, FL 34474

New Principal Place of Business:

Current Mailing Address:

2704 SW 20 AVE
OCALA, FL 34474

New Mailing Address:

FEI Number: 59-9556305

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BULLARD, J WARREN
18 NW 3RD AVE
OCALA, FL 34475 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: VT () Delete
Name: DIAZ, MARIA
Address: 2704 SW 20 AVE
City-St-Zip: OCALA, FL 34474

Title: PDS () Delete
Name: DIAZ, CRISTOBAL
Address: 2704 SW 20 AVE
City-St-Zip: OCALA, FL 34474

Title: M () Delete
Name: DIAZ, FRANCISCO J
Address: 2704 SW 20 AVE
City-St-Zip: OCALA, FL 34474

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VT (X) Change () Addition
Name: DIAZ, MARIA E
Address: 2704 SW 20 AVE
City-St-Zip: OCALA, FL 34474

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

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

Title: S () Change (X) Addition
Name: DIAZ, STEPHANIE
Address: 2704 SW 20 AVE
City-St-Zip: OCALA, FL 34474

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: CRISTOBAL DIAZ

PDS

04/26/2004

Electronic Signature of Signing Officer or Director

Date