2006 FOR PROFIT CORPORATION

FILED **ANNUAL REPORT** May 01, 2006 08:00 AN Secretary of State *DOCUMENT # P99000001425 1. Entity Name **BUEN PASO CORPORATION** Principal Place of Business Mailing Address C/O IAVN A GOMEZ ESQ. 601 BRICKELL KEY DR SUITE 507 12441 S.W. 130 STREET MIAMI, FL 33186 MIAMI, FL 33131 02082006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0899149 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 5. Name and Address of Current Registered Agent IAG CORP SERVICES, INC. DO NOT WRITE 601 BRICKELL KEY DRIVE, STE 507 MIAMI, FL 33131 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE YOUNGER, GUILLERMO NAME STREET ADDRESS 5635 ORDVNA DR. CORAL GABLES, FL 33146 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY+ST-ZIP

12. I hereby certify that the information supplied with this filling 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:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305-371-9213 Daytime Phone #