## **2007 FOR PROFIT CORPORATION**

**FILED** ANNUAL REPORT May 21, 2007 08:00 A Secretary of State **DOCUMENT # P99000001425 BUEN PASO CORPORATION** Mailing Address Principal Place of Business 12441 S.W. 130 STREET C/O IAVN A GOMEZ ESQ. **601 BRICKELL KEY DR SUITE 507** MIAMI, FL 33186 MIAMI, FL 33131 02242007 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 Fee Required 6. 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 registe or printed name of registered agent and title if applicable. (NOTE: Registered Agent algosture required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 10. TITLE NAME YOUNGER, GUILLERMO STREET ADDRESS 5635 ORDVNA DR. CORAL GABLES, FL 33146 CITY-ST-ZIP U00000765039 TITLE 05/31/07-80022-012 558.7\$ NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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 employeered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if of the corporation or the receiver or trustee changed, or on an attachment with an add

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

D TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR