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2004 FOR PROFIT CORPORATION ANNUAL REPORT

AMENDED

FILED

04 DEC 30 PM 4:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000046857

1. Entity Name
VISTAFLOR CORPORATION

06302004 Chg-P CR2E034 (10/03)

Principal Place of Business	Mailing Address
701 Brickell Avenue Suite 1400 Miami, Florida 33131	701 Brickell Avenue Suite 1400 Miami, Florida 33131

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-1015262 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LAW CENTER OF THE AMERICAS, LLC 701 Brickell Avenue Suite 1650 Miami, Florida 33131	Name: LAW CENTER OF THE AMERICAS, LLC Street Address (P.O. Box Number is Not Acceptable): 701 Brickell Avenue Suite 1400 City: Miami FL Zip Code: 33131

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: LAW CENTER OF THE AMERICAS, LLC — Steven H. Hagen, Vice President — 12-30-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $550.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D McAllister, Alvaro 701 Brickell Avenue, Suite 1650 Miami, Florida 33131	☒ Delete	S Hagen, Steven H 701 Brickell Avenue, Suite 1400 Miami, Florida 3313_	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV McAllister, Juanita 701 Brickell Avenue, Suite 1650 Miami, Florida 33131	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT Gutierrez, Juan Gregorio 701 Brickell Avenue, Suite 1650 Miami, Florida 33131	☒ Delete	700043782157	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Fonseca, Fernando 701 Brickell Avenue, Suite 1650 Miami, Florida 33131	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP Moreno, Gustavo 701 Brickell Avenue, Suite 1650 Miami, Florida 33131	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S Gonzalez, Rafael 701 Brickell Avenue, Suite 1650 Miami, Florida 33131	☒ Delete		☐ Change ☒ Addition 1/3/05

12. I hereby certify that the information supplied with this filing does not qualify 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 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: Steven H. Hagen, Secretary — 12-30-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

2ee13

ADDENDUM TO 2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT #P000046857

1. Entity Name: VISTAFLOR CORPORATION

Continuation of Box 10. (OFFICERS AND DIRECTORS)

AS
Steven H. Hagen
701 Brickell Avenue, Suite 1650
Miami, Florida 33131

00008055

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CORPORATION SERVICE COMPANY®

ACCOUNT NO. : 072100000032

REFERENCE : 116678 7359092 Patricia Pizzuto

AUTHORIZATION :

COST LIMIT : $ 61.25

ORDER DATE : December 30, 2004

ORDER TIME : 2:48 PM

ORDER NO. : 116678-005

CUSTOMER NO: 7359092

r00043782157

CUSTOMER: Ms. Rosa M. Ancheta
Harper Meyer Perez Ferrer &
Suite 1400
701 Brickell Avenue
Miami, FL 33131

ANNUAL REPORT FILING

Dec. 12/30

NAME: VISTAFLOR CORPORATION

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Justin Cheshire-EXT#2909

EXAMINER'S INITIALS: _____