



2006 FOR-PROFIT CORPORATION ANNUAL REPORT


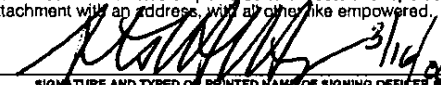
FILED
Mar 21, 2006 8:00 am
Secretary of State

03-21-2006 90032 017 ***150.00

DOCUMENT # P00000046857					
1. Entity Name VISTAFLO R CORPORATION					
Principal Place of Business 701 BRICKELL AVENUE SUITE 1400 MIAMI, FL 33131			Mailing Address 701 BRICKELL AVENUE SUITE 1400 MIAMI, FL 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 <input type="checkbox"/> \$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 1400 MIAMI, FL 33131			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	DPS MORENO, GUSTAVO 701 BRICKELL AVENUE STE 1400 MIAMI, FL 33131	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEE ATTACHED <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 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 (305) 577-3443			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

2006 FOR PROFIT CORPORATION ANNUAL REPORT

ATTACHMENT

DOCUMENT # P00000046857					
1. Entity Name VISTAFLORE CORPORATION					
Principal Place of Business 701 BRICKELL AVENUE SUITE 1400 MIAMI, FL 33131			Mailing Address 701 BRICKELL AVENUE SUITE 1400 MIAMI, FL 33131		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		03132006 Chg-P CR2E034 (11/05)	
Zip		Country		4. FEI Number 65-1015262	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$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 1400 MIAMI, FL 33131			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		Zip Code
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	DPS MORENO, GUSTAVO 701 BRICKELL AVENUE STE 1400 MIAMI, FL 33131	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEE ATTACHED	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 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 (305) 577-3443			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	

40035610



ATTACHMENT

40035610

ADDENDUM TO 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #P00000046857

I. Entity Name: VISTAFLOR CORPORATION

Continuation of Box 10. (OFFICERS AND DIRECTORS)

DP

Moreno, Gustavo
701 Brickell Avenue, Suite 1400
Miami, Florida 33131

D

Gutierrez, Carlos
701 Brickell Avenue, Suite 1400
Miami, Florida 33131

DVP

McAllister, Juanita
701 Brickell Avenue, Suite 1400
Miami, Florida 33131

D

Fonseca, Fernando
701 Brickell Avenue, Suite 1400
Miami, Florida 33131

DT

Gutierrez, Gregorio
701 Brickell Avenue, Suite 1400
Miami, Florida 33131

S

Hagen, Steven H.
701 Brickell Avenue, Suite 1400
Miami, Florida 33131

D

McAllister, Alvaro
701 Brickell Avenue, Suite 1400
Miami, Florida 33131

23382

|| HARPER MEYER ||
Attorneys at Law

ATTACHMENT

40035610

#P0000046857

ROSA M. ANCHETA
rancheta@harpermeyer.com
Direct Dial 305.577.3443

March 16, 2006

VIA REGULAR U.S. MAIL

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, Florida 32314

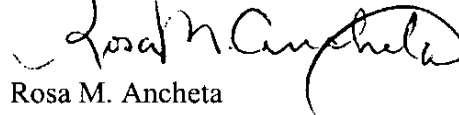
Re: Vistaflor Corporation

Enclosed is an original fully executed 2006 For Profit Corporation Annual Report and our check No. 8284 payable to Florida Department of State for \$150.00. Please file the Annual Report with the Florida Secretary of State's office as quickly as possible. Once filed, please return a stamped "filed" copy of same to my attention in the enclosed self-addressed stamped envelope.

Thank you in advance and please do not hesitate to contact our office if you should have any questions or require additional information.

Very truly yours,

HARPER MEYER



Rosa M. Ancheta
Paralegal

Enclosures

23471

HARPER MEYER PEREZ FERRER & HAGEN LLP

Suite 1400 • 701 Brickell Avenue • Miami, Florida 33131

Telephone: 305.577.3443 • Facsimile: 305.577.9921 • Web site: www.harpermeyer.com