

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000072174

FILED
Apr 26, 2007
Secretary of State

Entity Name: VISTA ALEGRE APARTMENTS, INC.

Current Principal Place of Business:

14200 BRUCE B DOWNS BOULEVARD
TAMPA, FL 33613

New Principal Place of Business:

Current Mailing Address:

14200 BRUCE B DOWNS BOULEVARD
TAMPA, FL 33613

New Mailing Address:

FEI Number: 11-3662315 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

RAMON, ELVIS
14200 BRUCE B DOWNS BOULEVARD
TAMPA, FL 33613 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: PS () Delete
Name: RAMON, ELVIS
Address: 14200 BRUCE B DOWNS BOULEVARD
City-St-Zip: TAMPA, FL 33613

Title: VPT () Delete
Name: RAMON, SANDRA
Address: BRUCE B DOWNS BOULEVARD
City-St-Zip: TAMPA, FL 33613

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VPT (X) Change () Addition
Name: RAMON, SANDRA M
Address: BRUCE B DOWNS BOULEVARD
City-St-Zip: TAMPA, FL 33613

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: ELVIS RAMON

PS

04/26/2007

_____ Electronic Signature of Signing Officer or Director

_____ Date