

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000101023

FILED  
Mar 10, 2010  
Secretary of State

Entity Name: VISTO POINT CO.

**Current Principal Place of Business:**

10540 N.W. 26 ST  
G-303  
DORAL, FL 33172

**New Principal Place of Business:**

**Current Mailing Address:**

10540 N.W. 26 ST  
G-303  
DORAL, FL 33172

**New Mailing Address:**

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

**Name and Address of Current Registered Agent:**

POSSE, MARCELO  
10540 N.W. 26 ST  
G-303  
DORAL, FL 33172 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: P  
Name: POSSE, MARCELO  
Address: 10540 N.W. 26 ST # G-303  
City-St-Zip: DORAL, F 33172

Title: VP  
Name: CAMPOLONGO, VICENTE  
Address: 10540 N.W. 26 ST # G-303  
City-St-Zip: DORAL, FL 33172

Title: DIR  
Name: SARAVIA, LAURA M  
Address: 10540 N.W. 26 ST # G-303  
City-St-Zip: DORAL, FL 33172

Title: DIR  
Name: IGLESIAS, CESAR E  
Address: 10540 N.W. 26 ST # G-303  
City-St-Zip: MIAMI, FL 33172

Title: SEC  
Name: IGLESIAS, LUCIA  
Address: 1540 N.W. 26 ST # G-303  
City-St-Zip: DORAL, FL 33172

I hereby 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 all other like empowered.

SIGNATURE: LUCY IGLESIAS

S

03/10/2010

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date