2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008
Secretary of State

DOCUMENT# 485045

Entity Name: VISTA ASSOCIATES CORPORATION

Current Principal Place of Business:

5446 N. BAY RD.
MIAMI, FL 33140

New Principal Place of Business:

701 SW 27 AVE SUITE 701
SUITE 701
MIAMI, FL 3135

Current Mailing Address:

PO BOX 402097
MIAMI BCH, FL 33140

New Mailing Address:

701 SW 27 AVE
SUITE 701
MIAMI, FL 33135

FEI Number: 59-1636324 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GLOTTMANN, JACK
5446 N. BAY ROAD
MIAMI BEACH, FL 33140 US

Name and Address of New Registered Agent:

GLOTTMANN, JACK
701 SW 27 AVE
SUITE 701
MIAMI, FL 33135 US

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: _____ 04/28/2008
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DPS ( ) Delete
Name: GLOTTMANN, JACK
Address: 5446 N. BAY RD.
City-St-Zip: MIAMI BCH., FL 33140

Title: DV ( ) Delete
Name: GLOTTMANN, DALIA
Address: 5446 N. BAY RD.
City-St-Zip: MIAMI BCH., FL 33140

Title: D ( ) Delete
Name: GLOTTMANN, DEBORAH
Address: 5446 N. BAY RD.
City-St-Zip: MIAMI BCH., FL 33140

Title: D ( ) Delete
Name: GLOTTMANN, LINDA
Address: 5446 N BAY RD
City-St-Zip: MIAMI BEACH, FL 33140

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPS (X) Change ( ) Addition
Name: GLOTTMANN, JACK
Address: 701 SW 27 AVE SUITE 701
City-St-Zip: MIAMI, FL 33135

Title: DV (X) Change ( ) Addition
Name: GLOTTMANN, DALIA
Address: 701 SW 27 AVE SUITE 701
City-St-Zip: MIAMI, FL 33135

Title: D (X) Change ( ) Addition
Name: GLOTTMANN, DEBORAH
Address: 701 SW 27 AVE SUITE 701
City-St-Zip: MIAMI, FL 33135

Title: D (X) Change ( ) Addition
Name: GLOTTMANN, LINDA
Address: 701 SW 27 AVE SUITE 701
City-St-Zip: MIAMI, FL 33135

I hereby certify that the information supplied with this filing does not qualify 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: JACK GLOTTMANN DPS 04/28/2008
Electronic Signature of Signing Officer or Director — Date