

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 724585

FILED  
Feb 08, 2010  
Secretary of State

Entity Name: VISTA ALEGRE, INC.

**Current Principal Place of Business:**

677 SW 9TH AVE  
APT 301  
MIAMI, FL 33130

**New Principal Place of Business:**

**Current Mailing Address:**

677 SW 9TH AVE  
APT 301  
MIAMI, FL 33130

**New Mailing Address:**

FEI Number: 59-1538263

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BORINO, SALVADOR  
677 SW 9TH AVE, APT 301  
MIAMI, FL 33130 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

**OFFICERS AND DIRECTORS:**

Title: D  
Name: SALVADOR, BORINO  
Address: 677 SW 9TH AVE., APT #301  
City-St-Zip: MIAMI, FL 33130

Title: DV  
Name: SANCHEZ, CARLOS  
Address: 677 SW 9TH AVE APT #312  
City-St-Zip: MIAMI, FL 33130

Title: D  
Name: ORTIZ-BELLO, IGNACIO A  
Address: 677 SW 9TH AVE APT 112  
City-St-Zip: MIAMI, FL 33130

Title: V  
Name: LOPEZ, JOSEFINA  
Address: 677 SW 9TH AVE #406  
City-St-Zip: MIAMI, FL 33130

Title: D  
Name: GONZALEZ, MIGUEL  
Address: 677 SW 9TH AVE APT #103  
City-St-Zip: MIAMI, FL 33130

Title: D  
Name: DOMINGUEZ, RITA C  
Address: 677 SW 9TH AVE APT 104  
City-St-Zip: MIAMI, FL 33130

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SALVADOR BORINO

PRES

02/08/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date