

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000001306

FILED  
Apr 28, 2011  
Secretary of State

Entity Name: AMISTA CORP.

**Current Principal Place of Business:**

4625 OLD WINTER GARDEN RD  
SUITE A4  
ORLANDO, FL 32811

**New Principal Place of Business:**

**Current Mailing Address:**

4625 OLD WINTER GARDEN RD  
SUITE A4  
ORLANDO, FL 32811

**New Mailing Address:**

FEI Number: 05-0557363

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

TORO, RUBEN D  
7901 KINGSPONTE PKWY STE 31  
ORLANDO, FL 32819 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: DPST  
Name: ALVAREZ, OSCAR A  
Address: 14231 SONCO AVE  
City-St-Zip: WINDERMERE, FL 34786

Title: DT  
Name: ALVAREZ, DIANA C  
Address: 14231 SONCO AVE  
City-St-Zip: WINDERMERE, FL 34786

Title: VP  
Name: ALVAREZ, FRANCO A  
Address: 14231 SONCO AVE  
City-St-Zip: WINDERMERE, FL 34786

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: DIANA C. ALVAREZ F.

DT

04/28/2011

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

\_\_\_\_\_ Date