


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 25, 2005 8:00 am
Secretary of State

03-25-2005 90133 008 ****50.00

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|---|--|--|--|---|--|
| DOCUMENT # L04000050694 1. Entity Name AAA VISTA HOLDINGS, LLC | | | |  | |
| Principal Place of Business 15754 S.W. 112TH LANE MIAMI, FL 33196 | | | Mailing Address 15754 S.W. 112TH LANE MIAMI, FL 33196 | | |
| 2. Principal Place of Business 15451 SW 110 TERR | | 3. Mailing Address 15451 SW 110 TERR | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State MIAMI, FL | | City & State MIAMI, FL | | 4. FEI Number 20-1337775 | |
| Zip 33196 | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent SALVER, PAUL 2721 EXECUTIVE PARK DR. #4 WESTON, FL 33331 | | | 7. Name and Address of New Registered Agent Name GRACE RUBI Street Address (P.O. Box Number is Not Acceptable) 15451 SW 110 TERR City MIAMI FL Zip Code 33196 | | |
| 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u>X Grace Rubi</u> GRACE RUBI MGR MEMBER 3/22/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| Filing Fee is \$50.00 Due by May 1, 2005 | | Make check payable to Florida Department of State | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM RUBI, JUAN 15754 S.W. 112TH LANE MIAMI, FL 33196 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM GRACE RUBI 15451 SW 110 TERR MIAMI, FL 33196 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. | | | | | |
| SIGNATURE: <u>X Grace Rubi</u> | | | GRACE RUBI MGRM 3/22/05 788-1857 | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | | <small>Date Daytime Phone #</small> | | |