


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 04, 2008 8:00 am
Secretary of State

08-04-2008 90054 013 ***143.75

DOCUMENT # L07000100599	
1. Entity Name VISTA CAPITAL ADVANCE, LLC	

Principal Place of Business 7791 N.W. 46 STREET 414 DORAL, FL 33166	Mailing Address 7791 N.W. 46 STREET 414 DORAL, FL 33166
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60046064



2. Principal Place of Business - No P.O. Box # 1470 N.W. 107 AVENUE	3. Mailing Address 1470 N.W. 107 AVENUE
Suite, Apt. #, etc. D	Suite, Apt. #, etc. D

07292008 Chg-LLC CR2E083 (12/06)

City & State DORAL, FL	City & State DORAL, FL
Zip 33172	Zip 33172
Country USA	Country USA

4. FEI Number 41-2255334	Applied For <input type="checkbox"/> Not Applicable
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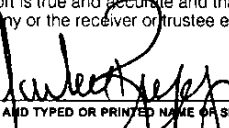
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent PEREZ, GONZALO 8725 NW 18TH TERRACE 303 DORAL, FL 33172	7. Name and Address of New Registered Agent Name KARLO REYES Street Address (P.O. Box Number is Not Acceptable) 1470 N.W. 107 AVENUE SUITE D City DORAL FL 33172
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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  KARLO REYES	DATE 7/31/08

FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MANAGER	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CARLOS REYES JR.		NAME	
STREET ADDRESS 1470 N.W. 107 AVENUE		STREET ADDRESS	
CITY-ST-ZIP DORAL, FL 33172		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  CARLOS REYES, JR.	DATE 7/31/08 DAYTIME PHONE 305-471-9384