

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 24, 2007 8:00 am**  
**Secretary of State**

04-24-2007 90014 021 \*\*\*150.00

**DOCUMENT # P0000042174**

1. Entity Name  
**VISTA ALEGRE MANAGEMENT, INC.**



Principal Place of Business Mailing Address  
**1205 SW 37TH AVENUE 3RD FLOOR MIAMI, FL 33135**      **1205 SW 37TH AVENUE 3RD FLOOR MIAMI, FL 33135**

2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.  
 3. Mailing Address Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

40079200



02122007 Chg-P CR2E034 (12/06)

4. FEI Number **65-1017651** Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ALVAREZ, CLAUDIO 1205 SW 37TH AVE. MIAMI, FL 33135		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City <b>FL</b> Zip Code	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ALVAREZ, CLAUDIO I <input type="checkbox"/> Delete 1205 SW 37TH AVE., #300 MIAMI, FL 33135	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, P, S, T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ALVAREZ, CLAUDIO I. 1205 SW 37 AVE # 300 MIAMI FL 33135
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	YVONNE R. ALVAREZ <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1205 SW 37 AVE #300 MIAMI, FL 33135
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
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
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
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

12. 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 or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** \_\_\_\_\_ **4/19/07** (305) 448-8255  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #