## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## Mar 12, 2007 8:00 am DOCUMENT # P01000118181 **Secretary of State** 1. Entity Name VISTAS BONITAS CORPORATION 03-12-2007 90363 003 \*\*\*150.00 Principal Place of Business Mailing Address 201 SOUTH BISCAYNE BLVD STE 3400 201 SOUTH BISCAYNE BLVD STE 3400 MIAMI, FL 33131 MIAMI, FL 33131 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 02142007 CR2E034 (12/06) 4. FEI Number Applied For 01-0569074 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FERRELL GROUP CORPORATE SERVICE, LLC 201 SOUTH BISCAYNE BLVD STE 3400 MIAMI, FL 33131 Zip Coce 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 Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. DPS TITLE ☐ Delete TITLE Change NAME DE LA ROCHA, IGNACIO NAME 5. Bissuyre Blvd., Suite 240() STREET ADDRESS **201 SOUTH BISCAYNE BLVD STE 3400** STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33131 CITY-ST-ZIP ΫT TITLE Delete TITLE DE LA ROCHA, LAURA M NAME NAME STREET ADDRESS 201 SOUTH BISCAYNE BLVD STE 3400 STREET ADORESS CHY-ST-ZIP MIAMI, FL 33131 CITY-ST-ZIP AS TITLE ☐ Defete TITLE DEL VALLE, IGNACIO G NAME NAME STREET ADDRESS 201 SOUTH BISCAYNE BLVD STE 3400 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33131 CITY-ST-ZIP TITLE ☐ Delete TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET AODRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP

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:

FILED