

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 13, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # P01000118181**

1. Entity Name  
**VISTAS BONITAS CORPORATION**



Principal Place of Business  
**201 SOUTH BISCAYNE BLVD  
SUITE 2400  
MIAMI, FL 33131**

Mailing Address  
**201 SOUTH BISCAYNE BLVD  
SUITE 2400  
MIAMI, FL 33131**



01172008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>01-0569074</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**NACLERIO, STEVEN  
201 SOUTH BISCAYNE BLVD STE 2400  
MIAMI, FL 33131**

**DO NOT WRITE  
IN THIS SPACE**

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)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	DPS
NAME	DE LA ROCHA, IGNACIO
STREET ADDRESS	201 S BISCAYNE BLVD., SUITE 2400
CITY-ST-ZIP	MIAMI, FL 33131

TITLE	VT
NAME	DE LA ROCHA, LAURA M
STREET ADDRESS	201 S BISCAYNE BLVD., SUITE 2400
CITY-ST-ZIP	MIAMI, FL 33131

TITLE	AS
NAME	DEL VALLE, IGNACIO G
STREET ADDRESS	201 S BISCAYNE BLVD., SUITE 2400
CITY-ST-ZIP	MIAMI, FL 33131

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/21/08-80013-005 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:**

*Steven Naclerio*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*2/11/08* *365 358-5171*