


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 03, 2008 08:00 AM**  
**Secretary of State**

|   |   |
|---|---|
| DOCUMENT # P05000014687<br>1. Entity Name<br>VISTA AL MAR CORP. |  |
|---|---|

|  |  |
|--|--|
| Principal Place of Business<br>791 CRANDON BLVD.<br>UNIT 901<br>KEY BISCAYNE, FL 33149 | Mailing Address<br>5975 SUNSET DRIVE<br>SUITE 504<br>MIAMI, FL 33143 |
|--|--|

**DO NOT WRITE IN THIS SPACE**



01072008 No Chg-P CR2E034 (11/05)

|   |                                       |
|---|---------------------------------------|
| 4. FEI Number<br>73-1730445                               | Applied For<br>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

SAAVEDRA, JOSE A  
5975 SUNSET DRIVE  
SUITE 504  
MIAMI, FL 33143

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

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

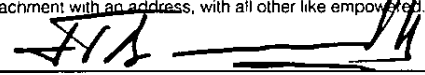
9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

| 10. OFFICERS AND DIRECTORS                     |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P, D<br>BENACERRAF, JORGE<br>791 CRANDON BLVD., UNIT 901<br>KEY BISCAYNE, FL 33149 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
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04/14/08-80064-009 150.00

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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 empowers.

SIGNATURE:  3/31/08  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #