

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000041973

Entity Name: BELLA VISTA 168, INC.

FILED  
Apr 28, 2008  
Secretary of State

## Current Principal Place of Business:

14 N.E. 1 AVENUE  
SUITE 807  
MIAMI, FL 33132

## New Principal Place of Business:

168 S.E. 1ST STREET  
SUITE 807  
MIAMI, FL 33132

## Current Mailing Address:

14 N.E. 1 AVENUE  
SUITE 807  
MIAMI, FL 33132

## New Mailing Address:

FEI Number: 20-4842721      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

ORTIZ, CARLOS  
14 N.E. 1 AVENUE  
SUITE 807  
MIAMI, FL 33132 US

## Name and Address of New Registered Agent:

ORTIZ, CARLOS M  
14 N.E. 1 AVENUE  
SUITE 807  
MIAMI, FL 33132 US

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.

SIGNATURE: CARLOS M. ORTIZ

04/28/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PTD ( ) Delete  
Name: ORTIZ, CARLOS M  
Address: 14 N.E. 1 AVENUE  
City-St-Zip: MIAMI, FL 33132

Title: SVD ( ) Delete  
Name: ORTIZ, RAMON H  
Address: 14 N.E. 1 AVENUE  
City-St-Zip: MIAMI, FL 33132

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VSD (X) Change ( ) Addition  
Name: ORTIZ, PAOLA A  
Address: 14359 MIRAMAR PKWY, PMB # 324  
City-St-Zip: MIRAMAR, FL 33027

Title: D ( ) Change (X) Addition  
Name: ORTIZ, RAMON H  
Address: 14 N.E. 1 AVENUE  
City-St-Zip: MIAMI, FL 33132

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAOLA A. ORTIZ

VSD

04/28/2008

Electronic Signature of Signing Officer or Director

Date