2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000041973

Entity Name: BELLA VISTA 168, INC.

FILED Apr 22, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:

 168 S.E. 1ST STREET
 168 S.E. 1ST STREET

 SUITE 807
 SUITE 801

MIAMI, FL 33132 MIAMI, FL 33132

Current Mailing Address: New Mailing Address:

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

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

Name and Address of Current Registered Agent: 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:

RE.

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD () Delete Title: PTD (X) Change () Addition

 Name:
 ORTIZ, CARLOS M
 Name:
 ORTIZ, CARLOS M

 Address:
 14 N.E. 1 AVENUE
 Address:
 14 N.E. 1 AVENUE, #807

 City-St-Zip:
 MIAMI, FL 33132
 City-St-Zip:
 MIAMI, FL 33132

Title: VSD () Delete Title: () Change () Addition

 Name:
 ORTIZ, PAOLA A
 Name:

 Address:
 14359 MIRAMAR PKWY, PMB # 324
 Address:

 City-St-Zip:
 MIRAMAR, FL 33027
 City-St-Zip:

Title: D () Delete Title: D (X) Change () Addition

 Name:
 ORTIZ, RAMON H
 Name:
 ORTIZ, RAMON H

 Address:
 14 N.E. 1 AVENUE
 Address:
 14 N.E. 1 AVENUE, #807

 City-St-Zip:
 MIAMI, FL 33132
 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 04/22/2009