

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000021915

Entity Name: 4685 VISTA LAGO CORP.

**FILED**  
**Jan 19, 2008**  
**Secretary of State**

**Current Principal Place of Business:**

15165 NW 77TH AVE., SUITE 1001  
MIAMI LAKES, FL 33014

**New Principal Place of Business:**

15165 NW 77TH AVE.  
1001  
MIAMI LAKES, FL 33014

**Current Mailing Address:**

15165 NW 77TH AVE., SUITE 1001  
MIAMI LAKES, FL 33014

**New Mailing Address:**

15165 NW 77TH AVE.  
1001  
MIAMI LAKES, FL 33014

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

**Name and Address of Current Registered Agent:**

CONSULTING SERVICES OF SOUTH FLORIDA, INC.  
2121 PONCE DE LEON BLVD., SUITE 1050  
CORAL GABLES, FL 33134 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: BUENOS, ALEJANDRO  
Address: 21200 POINT PLACE, SUITE 402  
City-St-Zip: AVENTURA, FL 33180

Title: VD ( ) Delete  
Name: BUENOS, SANDRA  
Address: 21200 POINT PLACE, SUITE 402  
City-St-Zip: AVENTURA, FL 33180

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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: AB

PD

01/19/2008

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date