2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000033914

VIOTA LIOTEL V. INIO

FILED Apr 14, 2009 Secretary of State

| Entity Nai | me: VISTA HOTEL V, INC. | | |
|---|---|--|--|
| Current P | rincipal Place of Business: | New Principal Place of Business: | |
| | DA MENENDEZ ISTINE, FL 32084 | 95 VILANO RD. ST. AUGUSTINE, FL 32084 | |
| Current M | lailing Address: | New Mailing Address: | |
| | DA MENENDEZ ISTINE, FL 32084 | | |
| FEI Number | : 20-8670229 FEI Number Applied For | () FEI Number Not Applicable () Certificate of Status Desired () | |
| Name and | I Address of Current Registered Age | ent: Name and Address of New Registered Agent: | |
| 32 AVÉNIC | ANTIBHAI M. DA MENENDEZ ISTINE, FL 32084 US | BRYAN, LINDA 97 ORANGE ST. ST. AUGUSTINE, FL 32084 US | |
| | named entity submits this statement fo e of Florida. | or the purpose of changing its registered office or registered agent, or both, | |
| SIGNATU | RE: LINDA BRYAN | 04/14/2009 | |
| Election Car | Electronic Signature of Register | • | |
| | S AND DIRECTORS: | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | |
| OFFICER | S AND DIRECTORS. | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS. | |
| Title: Name: Address: City-St-Zip: | D () Delete PATEL, KANTIBHAI M. 32 AVENIDA MENENDEZ ST. AUGUSTINE, FL 32084 | Title: () Change () Addition Name: Address: City-St-Zip: | |
| Title: Name: Address: City-St-Zip: | DST () Delete PATEL, KALAVATI K. 32 AVENIDA MENENDEZ ST. AUGUSTINE, FL 32084 | Title: () Change () Addition Name: Address: City-St-Zip: | |
| Title: Name: Address: City-St-Zip: | P () Delete PATEL, VIKESH K. 32 AVENIDA MENENDEZ ST. AUGUSTINE, FL 32084 | Title: () Change () Addition Name: Address: City-St-Zip: | |
| Title: Name: Address: | V () Delete PATEL, ANISH K. 32 AVENIDA MENENDEZ | Title: () Change () Addition Name: Address: | |

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.

City-St-Zip:

SIGNATURE: KANTI PATEL 04/14/2009 D

ST. AUGUSTINE, FL 32084

City-St-Zip: