2008 FOR PROFIT CORPORATION

ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

1. Entity Name AVISTA PROPERTIES, INC.

DOCUMENT # P93000084311

Principal Place of Business

5353 CONROY ROAD SUITE 200

ORLANDO, FL 32811

Mailing Address

5353 CONROY ROAD SUITE 200

ORLANDO, FL 32811

FILED Apr 08, 2008 08:00 A Secretary of State



01112008

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-3221569 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VALBH, ANIL 5353 CONROY ROAD SUITE 200 ORLANDO, FL 32811

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the pions of registered agent.	ourpose of changing its re	egistered office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar v	vith, and accept
SIGNATURE	Signature, typed or printed name of registered agent and title	f applicable. (NOTE f	Registered Agent signature	e required when reinstating)	DATE	 _
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	9. Election Campaign Trust Fund Contrib		\$5.00 May Be Added to Fees	U00000886601 04/18/08-80062-016	150.00
10.	OFFICERS AND DIREC	TORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST VALBH, ANIL 5353 CONROY ROAD ORLANDO, FL 32811				<i>*</i>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V NANA, AJIT 5353 CONROY ROAD ORLANDO, FL 32811		ı			, ·
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<u> </u>	DO NOT WRITE		4,
TITLE NAME STREET ADDRESS				IN THIS SPACE		

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 empowered.

SIGNATURE:

CITY-ST-7IP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNING OFFICER OR DIRECTOR

412108