2004 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 25, 2004 08:00 AM DOCUMENT # P94000052147 Secretary of State VISTA ALEGRE RENTAL APARTMENTS, INC. Principal Place of Business Mailing Address 15569 N.W. 83 COURT 15569 N.W. 83 CT. MIAMI, FL 33186 MIAMI, FL 33186 02102004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0514146 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ESTEVANELL, ALEJO DO NOT WRITE 15569 N.W. 83 CT. MIAMI, FL 33186 IN THIS SPACE 8. The above named entity submits this statement for the purpose of changing its registered office of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required whon reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 U000000065046 Trust Fund Contribution. Added to Fees 02/25/04-80021-005 150.00 OFFICERS AND DIRECTORS 10. TITLE ESTEVANELL, ALEJO 000000065046 STREET ADDRESS 15569 N.W. 83 CT. 02/25/04-80021-006 8.75 CITY-ST-ZIP MIAMI LAKES, FL 330165834 MENDEZ, YOLANDA C NAME STREET ADDRESS 15569 NW 83RD CT CITY-ST-ZIP HIALEAH, FL 330165834 NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

NAME STREET ADDRESS CITY-ST-7IP

SIGNATURE AND TYPEDOOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED