


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2007 08:00 AM
Secretary of State

DOCUMENT # P96000082181	
1. Entity Name BELLA VISTA INVESTMENT CORP.	

Principal Place of Business 150 OCEAN LANE DRIVE #9C KEY BISCAYNE, FL 33149	Mailing Address 150 OCEAN LANE DRIVE #9C KEY BISCAYNE, FL 33149
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DO NOT WRITE IN THIS SPACE



02082007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0755620	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	
UMANA, MARIA B 150 OCEAN LANE DRIVE #9C KEY BISCAYNE, FL 33149	

**DO NOT WRITE
IN THIS SPACE**

8. 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. 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 when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD UMANA, EDUARDO 5000 N OCEAN BLVD APT 1009 FORT LAUDERDALE, FL 33308
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VPSD UMANA, ANGELA 5000 N OCEAN BLVD APT 1009 FORT LAUDERDALE, FL 33308
TITLE NAME STREET ADDRESS CITY- ST- ZIP	T UMANA, BEATRICE 5000 N OCEAN BLVD APT 1009 FORT LAUDERDALE, FL 33308
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	

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04/26/07-80078-025 150.00

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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: Maria Beatriz Umana S (T) April 15/07 786 3512233
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #