2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P98000048170

Entity Name: VISTA PROPERTIES RENTALS AND SALES, INC.

FILED Aug 10, 2009 Secretary of State

100 VISTA ROYALE BOULEVARD	
VERO BEACH, FL 32962	
Current Mailing Address: New Mailing Address:	
2950 N 28TH TERRACE HOLLYWOOD, FL 33020 US	
FEI Number: 65-0838523 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status	Desired ()
Name and Address of Current Registered Agent: Name and Address of New Registered Agent	gent:
ANTHONY KALLICHE, ESQUIRE	
2950 N 28TH TERRACE HOLLYWOOD, FL 33020 US	
The above named entity submits this statement for the purpose of changing its registered office or registered in the State of Florida.	agent, or both,
SIGNATURE:	
Electronic Signature of Registered Agent Date	
OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND	ND DIRECTORS:
Title: P/D () Delete Title: () Change () Addition Name: ROSES, TOMAS Name:	
Address: 2950 N 28TH TERRACE Address:	
City-St-Zip: HOLLYWOOD, FL 33020 US City-St-Zip:	
Title: VP () Delete Title: () Change () Addition	
Name: TAGUE, JOHN Name: Address: 100 VISTA ROYALE BLVD. Address:	
City-St-Zip: VERO BEACH, FL 32962 US City-St-Zip:	
Title: VP () Delete Title: () Change () Addition	
Name: KOEHLER, KIRK W Name:	
Address: 100 VISTA ROYALE BLVD. Address: City-St-Zip: VERO BEACH, FL 32962 US City-St-Zip:	
Title: S () Delete Title: () Change () Addition Name: KALLICHE, ANTHONY A Name:	
Address: 2950 N 28TH TERRACE Address:	
City-St-Zip: HOLLYWOOD, ON 33020 US City-St-Zip:	
Name: GOMBERG, GENE Name: PALMER, KERI Address: 1815 GRIFFIN RD SUITE 404 Address: 2810 SCHERER DR. NORTH, STE 10	n
City-St-Zip: DANIA BEACH, FL 33004 US City-St-Zip: ST. PETERSBURG, FL 33716 US	<u>.</u>
Title: T () Delete Title: () Change () Addition	
() = 5.555	
Name: LANG, WENDY Name: Address: 6300 PARK OF COMMERCE BLVD. 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.

SIGNATURE: ANTHONY A. KALLICHE S 08/10/2009