2005 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 14, 2005 8:00 am Secretary of State **DOCUMENT # P99000041938** 02-14-2005 90087 001 ***300.00 1. Entity Name BELLA VISTA PROPERTIES, INC. Principal Place of Business Mailing Address DOUNTOAN 14100 NW 77TH CT 14100 NW 77TH CT STE 100 STE 100 MIAMI LAKES. FL 33016 MIAMI LAKES, FL 33016 2. Principal Place of Business 3. Mailing Address 14100 Palmetto Frontage Rd 14100 Palmetto Frontage Rd Suite, Apt. #, etc. Suite 108 Suite, Apt. #, etc. Chg-P 02072005 CR2E034 (10/03) Suite 108 City & State City & State 4. FEI Number Applied For Miami Lakes 65-0938351 Miami Lakes Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired 33016 33016 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Tomas R. Galiana GALIANA, TOMAS R Street Address (P.O. Box Number is Not Acceptable) 14100 NW 77TH CT 14100 Palmetto Frontage Rd. MIAMI LAKES, FL 33016 Ste 108 Zip Code Miami Lakes 33016. 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, byped or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 \$5.00 May Be Added to Fees Trust Fund Contribution. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE X Defete TITLE Galiana, Tomas R. ☐ Change X Addition GALIANA, THOMAS R NAME NAME P/D STREET ADDRESS 14100 NW 77TH CT, STE 100 STREET ADDRESS 14100 Palmetto Frontage Rd, Ste 108 CITY-ST-ZIP MIAMI LAKES, FL 33016 CITY-ST-ZIP Miami Lakes, Fl. 33016 ☐ Delete Change TITLE TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-71P Delete __ Change TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-TIP CITY-ST-719 12. I hereby certify that the information supplied with this filing does not qualify for the exemption indicated on this report or supplemental report is true and accurate and that my signalities of the corporation or the receiver or trustee empowered to execute this report as required by stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information all have the same legal effect as if made under oath; that I am an officer or director 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: Tomas R. Galiana, Pres 305-698-4040 2-07-2005 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED