

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 27, 2006 08:00 AM
Secretary of State

DOCUMENT # 283055
 1. Entity Name
BRANDA VISTA, INC.



Principal Place of Business — Mailing Address
4805 BEACH PARK DRIVE TAMPA FL 33609-3619 US



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

1st MOORE CR2E034 (10/05)

6. Name and Address of Current Registered Agent
**RUBENSTEIN, IRENE B
 4805 BEACH PARK DR
 TAMPA FL 33809-3619**

4. FEI Number **59-1088258** Applied For Not Applied
 5. Certificate of Status Desired **\$8.75** Additional Fee Required

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|----------------|--|
| TITLE | P <input type="checkbox"/> Delete |
| NAME | RUBENSTEIN, IRENE B. |
| STREET ADDRESS | 4805 BEACH PARK DR |
| CITY-ST-ZIP | TAMPA FL |
| TITLE | STD <input type="checkbox"/> Delete |
| NAME | RUBENSTEIN, IRENE B. |
| STREET ADDRESS | 4805 BEACH PARK DR |
| CITY-ST-ZIP | TAMPA FL |
| TITLE | D <input type="checkbox"/> Delete |
| NAME | MESHAM, NANCY R |
| STREET ADDRESS | 5824 NORTHUMBERLAND STGREET |
| CITY-ST-ZIP | PITTSBURGH PA 15217-2217 |
| TITLE | D <input type="checkbox"/> Delete |
| NAME | CHELMIS, ELLEN RUBENSTE |
| STREET ADDRESS | 2062 GREENWAY AVENUE |
| CITY-ST-ZIP | CHARLOTTE NC |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|----------------|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

100000405949
02/07/06-80060-007 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Irene B. Rubenstein **IRENE B. RUBENSTEIN** 1/23/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date