

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 22, 2007 08:00 AM**  
**Secretary of State**



**DOCUMENT # 283055**

1. Entity Name  
**BRANDA VISTA, INC.**

Principal Place of Business  
**4805 BEACH PARK DRIVE  
 TAMPA FL 33609-3619  
 US**

Mailing Address  
**4805 BEACH PARK DRIVE  
 TAMPA FL 33609-3619  
 US**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

1st MOORE CR2E034 (10/06)

Suite, Apt #, etc.

Suite, Apt #, etc.

City & State

City & State

4. FEI Number **59-1088258**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RUBENSTEIN, IRENE B  
 4805 BEACH PARK DR  
 TAMPA FL 33809-3619**

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

Signature, typed or printed name of registered agent and title, applicable

(NOTE: Registered Agent signature required when re-appointing)

DATE

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2007 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	U000000595998	
CITY-STATE-ZIP	01/23/07-80061-020 150.00	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

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 Pres.* **IRENE B. RUBENSTEIN, PRES.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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