


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 27, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 485045</b> 1. Entity Name VISTA ASSOCIATES CORPORATION	
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04232007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-1636324	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

GLOTTMANN, JACK  
5446 N. BAY ROAD  
MIAMI BEACH, FL 33140

**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. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS GLOTTMANN, JACK 5446 N. BAY RD. MIAMI BCH., FL 33140
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV GLOTTMANN, DALIA 5446 N. BAY RD. MIAMI BCH., FL 33140
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GLOTTMANN, DEBORAH 5446 N. BAY RD. MIAMI BCH., FL 33140
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GLOTTMANN, LINDA 5446 N BAY RD MIAMI BEACH, FL 33140
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000736726  
05/10/07-80087-015 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/07

Date

305 868-5131

Daytime Phone #