




**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 12, 2006 08:00 AM
Secretary of State

DOCUMENT # 579800 1. Entity Name CAUSEWAY VISTA, INC.			
Principal Place of Business 1501 MULBERRY DR. TAMPA, FL 33604		Mailing Address 14479 BRUCE B DOWNS BLVD. TAMPA, FL 33613	
DO NOT WRITE IN THIS SPACE			
		 01092006 No Chg-P CR2E034 (11/05)	
		4. FEI Number 59-3133955	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent COLLADO, DONALD 14479 BRUCE B DOWNS BLVD TAMPA, FL 33613		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		01/12/06-80032-007 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE IN THIS SPACE	
PD REDNER, JOSEPH R 3010 ALICIA TAMPA, FL			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
STD RODRIGUEZ, ROBERT E 1501 MULBERRY DRIVE TAMPA, FL 33604			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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: 		1/9/06 813-977-1313	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	