


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

08 JUN 13 AM 8:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 630646
1. Entity Name
VISTA'S FUNERAL HOME, INC



Principal Place of Business
14200 NW 57 AVE
HIALEAH, FL 33014

Mailing Address
14200 NW 57 AVE
HIALEAH, FL 33014

DO NOT WRITE IN THIS SPACE



04142008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-1948113

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

REVITZ, JANICE ESQ
14200 N.W. 57TH AVENUE
MIAMI LAKES, FL 33014

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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 use if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	REVITZ, MARK REVITZ, MARK
STREET ADDRESS	14200 NW 57TH AVENUE
CITY - ST - ZIP	HIALEAH, FL
TITLE	ST
NAME	MAXWELL, R.G.
STREET ADDRESS	14200 NW 57 AVE
CITY - ST - ZIP	HIALEAH, FL
TITLE	T
NAME	KLEIN, LES
STREET ADDRESS	14200 NW 57 AVE
CITY - ST - ZIP	HIALEAH, FL
TITLE	V
NAME	REVITZ, JANICE
STREET ADDRESS	1424 NW LEJEUNE ROAD
CITY - ST - ZIP	MIAMI, FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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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: LES KLEN 4/16/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Handwritten initials