

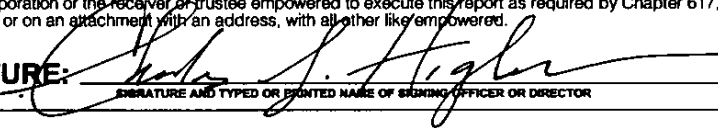


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 26, 2007 8:00 am**  
**Secretary of State**

03-26-2007 90049 018 \*\*\*\*61.25

<b>DOCUMENT # 727223</b> 1. Entity Name <b>VANTAGE VIEW, INC.</b>					
Principal Place of Business <b>2841 NORTH OCEAN BLVD FT. LAUDERDALE, FL 33308</b>			Mailing Address <b>2841 NORTH OCEAN BLVD FT. LAUDERDALE, FL 33308</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip		City & State  Zip		4. FEI Number <b>59-1723358</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>KORR, KATZMAN 1501 NW 49TH ST., STE 202 FORT LAUDERDALE, FL 33309</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HIGLER, CHARLES 2841 N OCEAN BLVD FORT LAUDERDALE, FL 33308	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHARLES J. Higler
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD PREVITE, ANTHONY 2841 NORTH OCEAN BLVD. FT LAUDERDALE, FL 33308	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FLOYD, DEBORAH L 2841 N OCEAN BLVD. FT LAUDERDALE, FL	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD STEVE Rossen
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CASACCI, ANNETTE 2841 N OCEAN BLVD FORT LAUDERDALE, FL 33308	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Elain CoSTA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BALKIN, SHARON 2841 N OCEAN BLVD FORT LAUDERDALE, FL 33308	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Amiran Cohen
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DANILOWICZ, RICHARD 2841 N. OCEAN BLVD. FORT LAUDERDALE, FL 33308	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Joseph Combo
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 617, 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: 				Date: <b>3/09/07</b>	

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**Division of Corporations****Annual Report**

Please review the filing for accuracy and the fee to file. If you need to make corrections, use your browser 'BACK' button, make the necessary changes and use the 'CONTINUE' button again. The filing information will be updated exactly as you have entered it. Once you have submitted the information, your filing cannot be updated, removed cancelled or refunded.

<b>Document Number</b>	727223
<b>Business Entity Name</b>	VANTAGE VIEW, INC.
<b>FEI Number</b>	591723358
<b>FEI Number Status</b>	
<b>Certificate of Status Desired</b>	No
<b>Election Campaign Financing Trust Fund Contribution</b>	No

**Principal Place of Business**

<b>Address</b>	2841 NORTH OCEAN BLVD
<b>Suite, Apt. #, etc.</b>	
<b>City, State</b>	FT. LAUDERDALE, FL
<b>Zip Code &amp; Country</b>	33308

**Mailing Address**

<b>Address</b>	2841 NORTH OCEAN BLVD
<b>Suite, Apt. #, etc.</b>	
<b>City, State</b>	FT. LAUDERDALE, FL
<b>Zip Code &amp; Country</b>	33308

**Name and Address of Registered Agent**

<b>Name (Last, First, Middle, Title)</b>	KORR, KATZMAN
<b>Address</b>	1501 NW 49TH ST., STE 202
<b>Suite, Apt. #, etc.</b>	
<b>City, State</b>	FORT LAUDERDALE, FL
<b>Zip Code &amp; Country</b>	33309 US
<b>Registered Agent Signature</b>	

**Officer/Director Name and Address**

<b>Title</b>	PD
<b>Name (Last, First, Middle, Title)</b>	HIGLER, CHARLES
<b>Street Address</b>	2841 N OCEAN BLVD
<b>City, State</b>	FORT LAUDERDALE, FL
<b>Zip Code &amp; Country</b>	33308

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**Title** VPD  
**Name (Last, First, Middle, Title)** PREVITE, ANTHONY  
**Street Address** 2841 NORTH OCEAN BLVD.  
**City, State** FT LAUDERDALE, FL  
**Zip Code & Country** 33308

**Title** SD  
**Name (Last, First, Middle, Title)** ROSSEN, STEVEN  
**Street Address** 2841 N OCEAN BLVD.  
**City, State** FT LAUDERDALE, FL  
**Zip Code & Country**

**Title** TD  
**Name (Last, First, Middle, Title)** COSTA, ELAIN  
**Street Address** 2841 N OCEAN BLVD  
**City, State** FORT LAUDERDALE, FL  
**Zip Code & Country** 33308

**Title** D  
**Name (Last, First, Middle, Title)** COHEN, AMIRAN  
**Street Address** 2841 N OCEAN BLVD  
**City, State** FORT LAUDERDALE, FL  
**Zip Code & Country** 33308

**Title** D  
**Name (Last, First, Middle, Title)** COMBO, JOSEPH  
**Street Address** 2841 N. OCEAN BLVD.  
**City, State** FORT LAUDERDALE, FL  
**Zip Code & Country** 33308

**Title** PD  
**Officer/Director Signature** CHUCK HIGLER

ContinueStart Over

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