

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION  
04 JUL -6 AM 11:10



**DOCUMENT # F22047**  
1. Entity Name  
**VISTALAND INC.**

Principal Place of Business: **3935 NW 26 ST. MIAMI, FL 33142**  
Mailing Address: **9201 S.W. 102ND ST. MIAMI, FL 33176 US**



2. Principal Place of Business: **9201 SW 102 St**  
3. Mailing Address: [Blank]  
Suite, Apt. #, etc.: [Blank]

07022004 Chg-P CR2E034 (10/03)

City & State: **Miami, Florida**  
City & State: [Blank]  
Zip: **33176** Country: [Blank]

4. FEI Number: **59-2274181**  
Applied For: [Blank]  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**HERNANDEZ, JORGE A.  
3935 NW 26 ST.  
MIAMI, FL 33142**

7. Name and Address of New Registered Agent  
Name: **Jorge Hernandez**  
Street Address (P.O. Box Number is Not Acceptable): **9201 SW 102 St.**  
City: **Miami** FL Zip Code: **33176**

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: *Jorge Hernandez* DATE: **07-02-04**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution:  **\$5.00** May Be Added to Fees  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE: <b>P</b>	<input type="checkbox"/> Delete
NAME: <b>HERNANDEZ, JORGE A.</b>	
STREET ADDRESS: <b>9201 SW 102 ST.</b>	
CITY-ST-ZIP: <b>MIAMI, FL</b>	
TITLE: <b>VP</b>	<input type="checkbox"/> Delete
NAME: <b>AVILA, RAFAEL</b>	
STREET ADDRESS: <b>3935 NW 26ST</b>	
CITY-ST-ZIP: <b>MIAMI, FL</b>	
TITLE: <b>ST</b>	<input type="checkbox"/> Delete
NAME: <b>HERNANDEZ, PURA O.</b>	
STREET ADDRESS: <b>9201 SW 102 ST.</b>	
CITY-ST-ZIP: <b>MIAMI, FL</b>	
TITLE: [Blank]	<input type="checkbox"/> Delete
NAME: [Blank]	
STREET ADDRESS: [Blank]	
CITY-ST-ZIP: [Blank]	
TITLE: [Blank]	<input type="checkbox"/> Delete
NAME: [Blank]	
STREET ADDRESS: [Blank]	
CITY-ST-ZIP: [Blank]	
TITLE: [Blank]	<input type="checkbox"/> Delete
NAME: [Blank]	
STREET ADDRESS: [Blank]	
CITY-ST-ZIP: [Blank]	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: [Blank]	
STREET ADDRESS: <b>000039125990</b>	
CITY-ST-ZIP: <b>07/14/04--01046--004 **1200.00</b>	
TITLE: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: [Blank]	
STREET ADDRESS: [Blank]	
CITY-ST-ZIP: [Blank]	
TITLE: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: [Blank]	
STREET ADDRESS: [Blank]	
CITY-ST-ZIP: [Blank]	
TITLE: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: [Blank]	
STREET ADDRESS: [Blank]	
CITY-ST-ZIP: [Blank]	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Jorge Hernandez* DATE: **07-02-04**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR