

2007 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Jan 16, 2007 8:00 am
Secretary of State

01-16-2007 90190 022 ***150.00

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01032007 Chg-P CR2E034 (12/06)

DOCUMENT # F38163					
1. Entity Name VISTA BUILDING MAINTENANCE SERVICES INC.					
Principal Place of Business 8200 SW 24 STREET 8200 CORAL WAY MIAMI, FL 33155			Mailing Address 8200 SW 24 STREET 8200 CORAL WAY MIAMI, FL 33155		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-2106510	
				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				7. Name and Address of New Registered Agent	
HALEY, JAMES M. 8200 CORAL WAY MIAMI, FL 33155				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL Zip Code
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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					
TITLE	PD	<input type="checkbox"/> Delete			
NAME	HALEY, JAMES M				
STREET ADDRESS	8200 CORAL WAY				
CITY-ST-ZIP	MIAMI, FL				
TITLE	CS	<input type="checkbox"/> Delete			
NAME	HALEY, MARIA J				
STREET ADDRESS	8115 SW 13 TERR				
CITY-ST-ZIP	MIAMI, FL 33144				
TITLE	VPMD	<input checked="" type="checkbox"/> Delete			
NAME	HALEY, MARIA M				
STREET ADDRESS	11825 SW 103 AVE				
CITY-ST-ZIP	MIAMI, FL 33176				
TITLE	VP	<input type="checkbox"/> Delete			
NAME	VALENTINI, REGINA A				
STREET ADDRESS	8200 CORAL WAY				
CITY-ST-ZIP	MIAMI, FL 33155				
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date: 01/03/07 Daytime Phone #: 3055521973					