


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 17, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F97000005810</b>					
<b>1. Entity Name</b> G.P. VISTA PLAZA, INC.					
<b>Principal Place of Business</b> 3011 W. GRAND BLVD., STE. 2405 DETROIT MI 48202			<b>Mailing Address</b> 3011 W. GRAND BLVD., STE. 2405 DETROIT MI 48202		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> <span style="float: right;">65-0792863</span>	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
PETER D. CUMMINGS & ASSOCIATES, INC. 3399 PGA BLVD STE 450 WEST PALM BEACH FL 33410			Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> Zip Code		
<b>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</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>				<b>9. Election Campaign Financing</b> <span style="float: right;">\$5.00 May Be Added to Fees</span>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	CPT CUMMINGS, PETER D 3011 W. GRAND BLVD., STE. 2405 DETROIT MI 48202		TITLE NAME STREET ADDRESS CITY- ST- ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VS CUMMINGS, KEITH L 3399 PGA BLVD STE 450 WEST PALM BEACH FL 33410		TITLE NAME STREET ADDRESS CITY- ST- ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	V DEAN, DAVID A 3399 PGA BLVD STE 450 PALM BEACH GARDENS FL 33410		TITLE NAME STREET ADDRESS CITY- ST- ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	Change Addition	
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.</b>					
<b>SIGNATURE:</b>			DAVID A. DEAN 2-15-05 (561) 630-6110		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					