

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 17, 2006 08:00 AM
Secretary of State

DOCUMENT # H38906

1. Entity Name
NU-VISTA INC.



Principal Place of Business
21696 MARIGOT DRIVE
BOCA RATON, FL 33428 US

Mailing Address
21696 MARIGOT DRIVE
BOCA RATON, FL 33428 US



01102006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FCI Number
22-1920536

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CASTELO, MANUEL
21696 MARIGOT DRIVE
BOCA RATON, FL 33428

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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 authorized, and accept the obligations of registered agent.

SIGNATURE

Signature of the Registered Agent

Signature of the Agent

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
P
CASTELO, LEONORA
16000 DOUBLE EAGLE TR
DELRAY BEACH, FL 33446

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
S
CASTELO, MANUEL
16000 DOUBLE EAGLE TR
DELRAY BEACH, FL 33446

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

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STREET ADDRESS
CITY ST ZIP

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TITLE
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CITY ST ZIP

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01/19/06-80020-001 150.00

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IN THIS SPACE

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, within a other fee empowered.

SIGNATURE:

Manuel Castelo

MANUEL CASTELO 1-12-06

561 852-9912
Sec.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DATE OF FILING