


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 13, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # K69226</b> 1. Entity Name <b>VISTAR INTERNATIONAL, INC.</b>					
Principal Place of Business <b>95 PINE TREE DR INDIALANTIC, FL 32903</b>			Mailing Address <b>P.O. BOX 510758 MELLOURNE BCH., FL 32951</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		03052008    Chg-P    CR2E034 (12/06)	
Zip		Country		4. FEI Number <b>59-2936750</b>	
5. Certificate of Status Desired <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>		
<b>TOLLMAN, WILLIAM M 95 PINE TREE DR INDIALANTIC, FL 32903</b>			Name Street Address (P.O. Box Number is Not Acceptable) City		
			<div style="text-align: right;"><b>FL</b></div> 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PTD MILLIUS, HIU YUEN 95 PINE TREE DR INDIALANTIC, FL 32903</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>V TOLLMANN, WILLIAM M 95 PINE TREE DR INDIALANTIC, FL 32903</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
<b>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</b>			<b>SIGNATURE:</b> _____		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date    Daytime Phone #		



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03/28/08-80015-011 150.00

**3-10-08 321-984-7943**