2005 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # N03000009415



Aug 05, 2005 8:00 am Secretary of State

FILED

1. Entity Nam VISTA VE DEVELO	ERDE - M	IRAMAR GARDEI CORP.	NS COI	MMUNITY					08-03-2	003 30	004 04.	2 01	.20
Principal Place of Business 3883 N.W. 207TH STREET ROAD MIAMI, FL 33055			388	Mailing Address 3883 N.W. 207TH STREET ROAD MIAMI, FL 33055									· • • •
C Distinct	Since Company		19 140	ling Addross									
2. Principal Place of Business			3. Mailing Address						64 31 86	OBALI OBILI	amini katina ti		ANNIMI MI INKI
Suite, Apt. #, etc.			Suite, Apt. #, etc.					06302005	Chg-NP		CR2E0	37 (10/03)	
City & State			City & State					4. FEI Numb 20-177					Applied For Not Applicable
Zip	Zip Country		Zip		Cou	Country .		5. Certificate	of Status De	sired		\$8.75 Ac Fee Requir	
	6. Name	and Address of Current	Register	ed Agent				7. Name and	Address of	New Re	gistered	Agent	
MILLED N	JATHANIE	 I				Name							
MILĽER, NATHANIEL 3883 N.W. 207TH STREET ROAD MIAMI, FL. 33055						Street Address (P.O. Box Number is Not Acceptable)							
, , ,	. 00000												
				City				FL Zip Code					
		submits this statement for	or the purp	ose of changing its	register	ed office o	r register	ed agent, or bo	th, in the Sta	te of Flo	rida. I am	familiar with	, and accept
the obligat	tions of regist	ered agent. ;											
SIGNATURE	•												
OKINATORE		or printed name of registered agent	t and title if ap	plicable. (NOT	E: Registere	ed Agent signa	ture required	when reinstating)			DATE		
	Signature, typed	or printed name of registered agent	t and title if ap	olicable. (NOT	mpaign F	inancing	ture required	when reinstating) \$5.00 May E Added to Fees			ake chec	k payable tment of \$	
	Signature, typed	e is \$61.25		9. Election Ca Trust Fund (mpaign F	inancing		\$5.00 May E		Flori	ake chec da Depai	tment of S	State
D	Signature, typed	e is \$61.25 tember 7, 2005		9. Election Ca Trust Fund (mpaign F Contribut	inancing tion.		\$5.00 May E Added to Fees		Flori	ake chec da Depai	tment of S	N 10
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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 617, 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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305 - 625 - 5590 Daytime Phone #