

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2007 8:00 am
Secretary of State

02-22-2007 90005 015 ****61.25

DOCUMENT # N06000002974					
1. Entity Name VISTA VIEW FLYERS, INC.					
Principal Place of Business 3116 SW 22ND TERR. MIAMI, FL 33145			Mailing Address 3116 SW 22ND TERR. MIAMI, FL 33145		
2. Principal Place of Business - No P.O. Box # 15721 NW 11th Street		3. Mailing Address Suite, Apt. #, etc.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Pembroke Pines, FL		City & State		4. FEI Number 22-3922896	
Zip 33028		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL Zip Code</div>		
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 reappointing)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST DUNLAP, GLENN 3116 SW 22ND TERR. MIAMI, FL 33145		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, D Dean Palermo 15721 NW 11th Street Pembroke Pines, FL 33028	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KLUGERMAN, MARSHA E 3116 SW 22ND TERR. MIAMI, FL 33145		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V, D William J. Magill 18863 NW 23rd Street Pembroke Pines, FL 33029	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOOLEY, MICHELLE 3116 SW 22ND TERR. MIAMI, FL 33145		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S, D Antonio F. Del Grande 5722 NW 86th Terrace Tamarac, FL 33321	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T, D Richard Kipp 18510 NW 22nd Street Hollywood, FL 33029	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Louis M. Atzel 1810 SW 37th Terrace Fort Lauderdale, FL 33312	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 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.					
SIGNATURE: _____			2/19/2007 786-546-0650		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		