

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000002974

FILED
Apr 15, 2009
Secretary of State

Entity Name: VISTA VIEW FLYERS, INC.

Current Principal Place of Business:

15721 NW 11TH STREET
PEMBROKE PINES, FL 33028

New Principal Place of Business:

Current Mailing Address:

15721 NW 11TH STREET
PEMBROKE PINES, FL 33028

New Mailing Address:

FEI Number: 22-3922896

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PALERMO, DEAN
Address: 15721 NW 11TH STREET
City-St-Zip: PEMBROKE PINES, FL 33028

Title: DV () Delete
Name: MAGILL, WILLIAM J
Address: 18863 NW 23RD STREET
City-St-Zip: PEMBROKE PINES, FL 33029

Title: SD () Delete
Name: DEL GRANDE, ANTONIO F
Address: 5722 NW 86TH TERRACE
City-St-Zip: TAMARAC, FL 33321

Title: TD () Delete
Name: KIPP, RICHARD
Address: 18510 NW 22ND STREET
City-St-Zip: HOLLYWOOD, FL 33029

Title: D () Delete
Name: ATZEL, LOUIS M
Address: 1810 SW 37TH TERRACE
City-St-Zip: FORT LAUDERDALE, FL 33312

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DV (X) Change () Addition
Name: MERCADO, JAMIE
Address: 17231 SW 65 CT
City-St-Zip: S. WEST RANCHES, FL 33331

Title: SD (X) Change () Addition
Name: DE LA PENA, BIRGER
Address: 19463 SW 55 ST
City-St-Zip: MIRAMAR, FL 33029

Title: TD (X) Change () Addition
Name: NAYLOR, MIKE
Address: PO BOX 640366
City-St-Zip: MIAMI, FL 33164

Title: D (X) Change () Addition
Name: WRIGHT, JOE
Address: 4100 N 30 RD
City-St-Zip: HOLLYWOOD, FL 33021

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEAN PALERMO

PD

04/15/2009

Electronic Signature of Signing Officer or Director

Date