## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000111293

1. Entity Name
VISTA TREASURES, INC.



FILED Mar 27, 2007 08:00 AM Secretary of State

Principal Place of Business

21 SE 7TH STREET DANIA BEACH, FL 33004 Mailing Address

21 SE 7TH STREET DANIA BEACH, FL 33004



DO NOT WRITE IN THIS SPACE

11082007	No Cha-P	CB2E034 (11/05)	

	_ \$8.7	5 Additional
65-1093585		Not Applicable
4. FEI Number		Applied For

5. Certificate of Status Desired

**58./5** Addition Fee Required

6. Name and Address of Current Registered Agent

HENRY, PASCAL 21 SE 7TH STREET DANIA BEACH, FL 33004

## DO NOT WRITE IN THIS SPACE

			IN THIS SPACE			
	named entity submits this statement for the $\rho$ tions of registered agent.	urpose of changing its registere	d office or a	egistered agent, or be	oth, in the State of Florida I am familiar with, and accept	
SIGNATURE.	Signature, typed or printed name of registered agent and title if	applicable (NOTE: Registered	Ageni signaturi	required when reinstating)	DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.   Added to Fees		\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	TORS	· · · · · · · · · · · · · · · · · · ·			
TITLE NAME STREET ADDRESS CITY+ST-ZIP	PD HENRY, PASCAL 21 SE 7TH STREET DANIA BEACH, FL 33004					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					U00000680612 04/04/07-80007-017 150.0	
TITLE NAME STREET ADDRESS CITY-CI-ZIP		•		DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			·	IN	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	SIGN & DATE					

12. I hereby certify that he 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 as performental 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 of the receiver or trustee empowered to execute this report as required by Chapter 507, 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.

SIGNATURÉ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

Date

Daytime Phone #