

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 23, 2007 08:00 A**  
**Secretary of State**

DOCUMENT # P00000115946

1. Entity Name  
RIO VISTA LUXURY HOMES, INC.



Principal Place of Business

13680 NW 5TH STREET  
SUITE 220  
SUNRISE, FL 33325

Mailing Address

13680 NW 5TH STREET  
SUITE 220  
SUNRISE, FL 33325



05152007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-1072372

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

KOSS, JEREMY A ESQ.  
13680 NW 5TH STREET  
SUITE 220  
SUNRISE, FL 33325

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00**  
**Due by September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	JACOBS, DANIEL
STREET ADDRESS	13680 NW 5TH STREET SUITE 220
CITY-ST-ZIP	SUNRISE, FL 33325
TITLE	D
NAME	JACOBS, DOUGLAS
STREET ADDRESS	13680 NW 5TH STREET SUITE 220
CITY-ST-ZIP	SUNRISE, FL 33325
TITLE	D
NAME	CHAO, ANTHONY
STREET ADDRESS	13680 NW 5TH STREET SUITE 220
CITY-ST-ZIP	SUNRISE, FL 33325
TITLE	D
NAME	KOSS, JEREMY A
STREET ADDRESS	13680 NW 5TH STREET SUITE 220
CITY-ST-ZIP	SUNRISE, FL 33325
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000753058  
05/24/07-80026-024 150.00

**DO NOT WRITE  
IN THIS SPACE**

U000000765048  
05/31/07-80024-002 550.00

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOUGLAS JACOBS, DIRECTOR, 5-16-07 954 734 2020

Date

Daytime Phone #