

19887-2 MER

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED**
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90332 023 ***150.00

DOCUMENT # P010000853331. Entity Name
VISTAMAR ESTATES INC.Principal Place of Business
520 BRICKELL KEY DRIVE SUITE 0-305
MAIMI, FL 33131Mailing Address
520 BRICKELL KEY DRIVE SUITE 0-305
MAIMI, FL 33131

14001378



01072004 Chg-P CR2E034 (10/03)

4. FEI Number
52-2340420Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent**TRANSGLOBAL CORPORATE ADMINISTRATION, INC.
520 BRICKELL KEY DRIVE SUITE 0-305
MAIMI, FL 33131Name
TRANSGLOBAL CORPORATE ADMINISTRATION LLC
Street Address (P.O. Box Number is Not Acceptable)
520 BRICKELL KEY DR.
STE. 0-305
City MIAMI FL Zip Code 33131

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 \$150.00
After May 1, 2004 Fee will be \$550.009. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees**10. OFFICERS AND DIRECTORS****11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE D
NAME GAYSIN, BORIS ☐ Delete
STREET ADDRESS 520 BRICKELL KEY DRIVE SUITE 0-305
CITY-ST-ZIP MAIMI, FL 33131TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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 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

BORIS GAYSTW

Date

Daytime Phone #

04/06/04 (305) 374-3800