


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2007 8:00 am
Secretary of State

01-08-2007 90238 042 ***150.00

DOCUMENT # P01000120764		
1. Entity Name LOTUS VISTA, INC.		

Principal Place of Business 2973 W SR 434 #400 LONGWOOD, FL 32779	Mailing Address 2973 W SR 434 #400 LONGWOOD, FL 32779
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2. Principal Place of Business - No P.O. Box # 405 W. CENTRAL PKWY	3. Mailing Address 405 W. CENTRAL PKWY
Suite, Apt. #, etc. 1000	Suite, Apt. #, etc. 1000
City & State ALTAMONTE SPRINGS, FL	City & State ALTAMONTE SPRINGS, FL
Zip 32714	Country SEMINOLE



01042007 Chg-P CR2E034 (12/06)

4. FEI Number 01-0583484		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent MELAMED, ELI 2973 W SR 434 #400 LONGWOOD, FL 32779 405 W. CENTRAL PKWY # 1000 ALTAMONTE SPRINGS FL 32714		
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		

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 obligation of registered agent.

SIGNATURE *ELI MELAMED* **ELI MELAMED - PRES.** **12/31/06**
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, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MELAMED, ELI 2973 W SR 434 #400 LONGWOOD, FL 32779 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MELAMED, RITA 2973 W SR 434 #400 LONGWOOD, FL 32779 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *ELI MELAMED* **ELI MELAMED** **12/31/06** **407-845-6300**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #