

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 10, 2004 8:00 am
Secretary of State

02-10-2004 90003 007 ***150.00

DOCUMENT # P02000102613

1. Entity Name

MAR VISTA INVESTMENTS, INC.



Principal Place of Business

3165 S TORREY PINES DRIVE
LAS VEGAS NV 89146

Mailing Address

3165 S TORREY PINES DRIVE
LAS VEGAS NV 89146

2. Principal Place of Business

1585 Canopy Oak Blvd
Suite, Apt. #, etc.

3. Mailing Address

1585 Canopy Oak Blvd
Suite, Apt. #, etc.



MOORE

CR2E034 (11/03)

City & State

Palm Harbor, FL

Zip 34683-6162
Country

City & State

Palm Harbor, FL

Zip 34683-6162
Country

4. FEI Number

16-1630115

Applied For

Not Applicable

5. 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

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 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 \$550.00

Make Check Payable to Florida Department of State

9. 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 ☐ Delete
NAME CALVO, JOSE P
STREET ADDRESS 3165 S TORREY PINES DRIVE
CITY-ST-ZIP LAS VEGAS NV 89146

TITLE D ☒ Change ☐ Addition
NAME Calvo, Jose P.
STREET ADDRESS 1585 Canopy Oak Blvd
CITY-ST-ZIP Palm Harbor, FL 34683-6162

TITLE D ☐ Delete
NAME CALVO, YELENA
STREET ADDRESS 3165 S TORREY PINES DRIVE
CITY-ST-ZIP LAS VEGAS NV 89146

TITLE D ☒ Change ☐ Addition
NAME Calvo, Yelena
STREET ADDRESS 1585 Canopy Oak Blvd
CITY-ST-ZIP Palm Harbor, FL 34683-6162

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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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

Date

Daytime Phone #