



2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 08, 2004 8:00 am
Secretary of State

03-18-2004 90018 009 ***150.00

DOCUMENT # P03000053802 1. Entity Name VISTA AUTOBROKERS, INC.					
Principal Place of Business 880 MANDALAY AVE NO. 608-C CLEARWATER FL 33767-1216			Mailing Address 880 MANDALAY AVE NO. 608-C CLEARWATER FL 33767-1216		
2. Principal Place of Business 5821 Calais Lane		3. Mailing Address 5821 Calais Lane			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State ST Petersburg FL		City & State ST Petersburg FL		4. FEI Number 32-0079888	
Zip 33714		Country 		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 RUIZ, GUILLERMO A P.A. 2901 5TH AVE N ST PETERSBURG FL 33713-6703			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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE D	<input type="checkbox"/> Delete NAME BERRY, THOMAS R		TITLE 	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5821 Calais Lane	
STREET ADDRESS 880 MANDALAY AVE NO. 608-C	CITY-ST-ZIP CLEARWATER FL 33767-1216		STREET ADDRESS 	ST Petersburg FL 33714	
CITY-ST-ZIP 			CITY-ST-ZIP 		
TITLE 	<input type="checkbox"/> Delete NAME 		TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 			STREET ADDRESS 		
CITY-ST-ZIP 			CITY-ST-ZIP 		
TITLE 	<input type="checkbox"/> Delete NAME 		TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 			STREET ADDRESS 		
CITY-ST-ZIP 			CITY-ST-ZIP 		
TITLE 	<input type="checkbox"/> Delete NAME 		TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 			STREET ADDRESS 		
CITY-ST-ZIP 			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 #