


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90198 023 ***150.00

DOCUMENT # P03000068368 1. Entity Name MEDIA VISTA PUBLICATIONS INC.					
Principal Place of Business 5050 TAMIAMI TRAIL NORTH SUITE B NAPLES, FL 34103			Mailing Address 5050 TAMIAMI TRAIL NORTH SUITE B NAPLES, FL 34103		
2. Principal Place of Business [Redacted]			3. Mailing Address [Redacted]		
5405 Taylor Rd., Ste. 10 Naples, FL 34109			5405 Taylor Rd., Ste. 10 Naples, FL 34109		
Zip Country		Zip Country		4. FEI Number 74-3098420	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent ROSALES, ORLANDO J 5050 TAMIAMI TRAIL NORTH SUITE B NAPLES, FL 34103				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 5405 Taylor Rd., Ste. 10 City Naples, FL 34109	
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)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			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 NAME STREET ADDRESS CITY - ST - ZIP	D ROSALES, ORLANDO 5050 TAMIAMI TRAIL NORTH. NAPLES, FL 34103	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	[Redacted] 5405 Taylor Rd., Ste. 10 Naples, FL 34109
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MATHEUS, ALFREDO 5050 TAMIAMI TRAIL NORTH. NAPLES, FL 34103	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	[Redacted] 5405 Taylor Rd., Ste. 10 Naples, FL 34109
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<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	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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					
Date 4/28/06 Daytime Phone #					