


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 11, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000080985	
1. Entity Name ALTAVISTA MARKETING, CORP.	

Principal Place of Business 13794 SW 31ST STREET MIRAMAR, FL 33027	Mailing Address 13794 SW 31ST STREET MIRAMAR, FL 33027
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DO NOT WRITE IN THIS SPACE



04072005 No Chg-P CR2E034 (10/03)

4. FEI Number 30-0193203	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

ITURRES, FABIAN
13794 SW 31ST STREET
MIRAMAR, FL 33027

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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, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000299908 04/11/05-80126-011 150.00
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10. OFFICERS AND DIRECTORS

TITLE PD	NAME ITURRES, FABIAN
STREET ADDRESS 13794 SW 31ST STREET	
CITY - ST - ZIP MIRAMAR, FL 33027	
TITLE VP	NAME OROZCO, LEONARDO
STREET ADDRESS 8000 FAIRVIEW DR BLVD #22 A202	
CITY - ST - ZIP TAMARAC, FL 33321	
TITLE	NAME
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	NAME
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	NAME
STREET ADDRESS	
CITY - ST - ZIP	

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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: Fabian Iturres 4/7/05 **(305) 215-6405**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #