


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 06, 2006 8:00 am**  
**Secretary of State**

09-06-2006 90040 049 \*\*\*150.00

<b>DOCUMENT # P05000074050</b> 1. Entity Name <b>VISTA MIRAGE VENTURES INC.</b>					
Principal Place of Business <b>640 NW 107TH AVE PLANTATION, FL 33324-1039</b>			Mailing Address <b>640 NW 107TH AVE PLANTATION, FL 33324-1039</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip      Country		City & State  Zip      Country		4. FEI Number <b>86-1138826</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>RADDI, JOANN C 640 NW 107TH AVE PLANTATION, FL 33324-1039</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____					
<b>FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P RADDI, JOANN C 640 NW 107TH AVE PLANTATION, FL 333241039</b> <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	<b>ST MARCHUCK, LAWRENCE 640 NW 107TH AVE PLANTATION, FL 333241039</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>STD JOANN C. RADDI 640 N.W. 107 Ave. Plantation, FL 33324-1039</b> <input checked="" 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	
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	
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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	
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.					
<b>SIGNATURE: Joann C. Raddi, Pres. - Joann C. Raddi</b> <b>8/30/06</b> <b>954-915-0324</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #</small>					

40103136



07282006      Chg-P      CR2E034 (11/05)

**ATTACHMENT**  
**40103152**  
**Division of Corporations**

**2006 Annual Report**



**Listed below is the most recent information reported for the entity.  
Please review and click the appropriate button at the bottom to generate the annual report form.**

This information cannot be changed on the report.	
Document Number	P05000074050
Business Entity Name	VISTA MIRAGE VENTURES INC.
Original File Date	05/20/2005

FEI Number

Principal Address 640 NW 107TH AVE  
PLANTATION, FL 333241039

Mailing Address 640 NW 107TH AVE  
PLANTATION, FL 333241039

Registered Agent JOANN C RADDI  
640 NW 107TH AVE  
PLANTATION, FL 333241039

Officer/Director Name And Address

P  
JOANN C RADDI  
640 NW 107TH AVE  
PLANTATION, FL 333241039

.ST  
LAWRENCE MARCHUCK  
640 NW 107TH AVE  
PLANTATION, FL 333241039

☒ **After May 1 of each year, a late charge of \$400.00 is imposed, except in circumstances in which the entity did not receive prior notice. Please check this box if notice was not received.**

Continue