

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P06000113670

1. Entity Name
FIRST VIEW, INC.



FILED

07 OCT -3 AM 9:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



09212007 Chg-P CR2E034 (12/06)

| | | | |
|---|-----------------------|--|-----------------------|
| Principal Place of Business 4371 CANAL 8 RD - APT B W PALM BEACH, FL 33406 | | Mailing Address 4371 CANAL 8 RD - APT B W PALM BEACH, FL 33406 | |
| 2. Principal Place of Business - No P.O. Box # 4369-D CANAL 8 ROAD Suite, Apt. #, etc. APT. D | | 3. Mailing Address 4369-D CANAL 8 ROAD Suite, Apt. #, etc. WEST PALM BEACH, FLORIDA | |
| City & State WEST PALM BEACH, FLORIDA | | City & State WEST PALM BEACH, FLORIDA | |
| Zip 33406 | Country PALM BEACH | Zip 33406 | Country PALM BEACH |
| 4. FEI Number 51-0605200 | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | | | |
| 6. Name and Address of Current Registered Agent GUILLAMA, MARIO 4369-D CANAL 8 RD. WEST PALM BEACH, FL 33406 | | 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small> | | | |

Amended AR is \$61.25

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 NAME STREET ADDRESS CITY-ST-ZIP | D ARRIAZA-SALGUERO, CELESTINO 4371 CANAL 8 RD - APT B W PALM BEACH, FL 33406 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | V/S/D NOEL J. GUILLAMA 929 CEDAR COVE ROAD WELLINGTON, FL 33414 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D GUILLAMA, MARIO 4369-D CANAL 8 RD W PALM BEACH, FL 33406 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | M7D MARIO GUILLAMA 4369-D CANAL 8 ROAD WEST PALM BEACH, FL 33406 <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 | T/D OLENIA HENDERSON 2000 N. CONGRESS AVE. # 196 WEST PALM BEACH, FL 33409 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 700110521007 10/09/07--01020--009 **70.00 <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 |
| 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 member 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 MARIO GUILLAMA PRESIDENT 9-27-2007 561-642-0210
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #