

# 2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P93000087886

1. Entity Name  
VISTA COMMERCIAL PROPERTIES, INC.



FILED  
PAGE 07 AUG -3 PM 1:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
100 VISTA ROYALE BLVD.  
VERO BEACH, FL 32962 US

Mailing Address  
C/O CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address  
6300 PARK OF COMMERCE BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04262007 Chg-P CR2E034 (12/06)

City & State

City & State  
BOCA RATON, FL

4. FEI Number  
59-3219209

Applied For  
Not Applicable

Zip

Country

Zip  
33487

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301

Name  
ANTHONY KALLICHE, ESQUIRE

Street Address (P.O. Box Number is Not Acceptable)  
2950 N. 28 TERRACE

City  
HOLLYWOOD FL Zip Code  
33020

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

*[Signature]*

(Signature typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

6/25/07  
DATE

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 PD ☐ Delete  
NAME KURTZ, JOHN C  
STREET ADDRESS 100 VISTA ROYALE BLVD.  
CITY-ST-ZIP VERO BEACH, FL 32962

TITLE ☐ Change ☐ Addition  
NAME 700107546807  
STREET ADDRESS 08/08/07--01045--007 \*\*367.50  
CITY-ST-ZIP

TITLE ~~AS~~ ☐ Delete  
NAME WENDY, LANG  
STREET ADDRESS 6300 PARK OF COMMERCE BLVD.  
CITY-ST-ZIP BOCA RATON, FL 33487

TITLE ☒ Change ☐ Addition  
NAME T LANG, WENDY  
STREET ADDRESS 6300 PARK OF COMMERCE BLVD  
CITY-ST-ZIP BOCA RATON, FL 33487

TITLE ~~D~~ ☐ Delete  
NAME SOLLINS, CHARLES D  
STREET ADDRESS 6300 PARK OF COMMERCE BLVD  
CITY-ST-ZIP BOCA RATON, FL 33487

TITLE ☒ Change ☐ Addition  
NAME SD SOLLINS, CHARLES D  
STREET ADDRESS 6300 PARK OF COMMERCE BLVD  
CITY-ST-ZIP BOCA RATON, FL 33487

TITLE ~~SD~~ ☐ Delete  
NAME FRIEDRICHSEN, JOHN B  
STREET ADDRESS 1140 BAY STREET  
CITY-ST-ZIP TORONTO, ON M5S2B4

TITLE ☒ Change ☐ Addition  
NAME AS FRIEDRICHSEN, JOHN B  
STREET ADDRESS 1140 BAY STREET, STE 4000  
CITY-ST-ZIP TORONTO, ONTARIO M5S 2B4

TITLE ~~TD~~ ☐ Delete  
NAME COOKE, DOUGLAS G  
STREET ADDRESS 1140 BAY STREET  
CITY-ST-ZIP TORONTO, ON M5S2B4

TITLE ☒ Change ☐ Addition  
NAME AT COOKE, DOUGLAS G.  
STREET ADDRESS 1140 BAY STREET, STE 4000  
CITY-ST-ZIP TORONTO, ONTARIO M5S 2B4

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME D CHRISTENSEN, STEVEN J  
STREET ADDRESS 2950 N 28 TERRACE  
CITY-ST-ZIP HOLLYWOOD, FL 33020

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

8/2/07 561-989-5071

Date Daytime Phone #

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<b>1. Entity Name</b> VISTA COMMERCIAL PROPERTIES, INC.					
<b>Principal Place of Business</b> 100 VISTA ROYALE BLVD. VERO BEACH, FL 32962 US			<b>Mailing Address</b> C/O CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301 US		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		04262007    Chg-P    CR2E034 (12/06)	
Zip		Country		<b>4. FEI Number</b> 59-3219209	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				<b>Applied For</b> Not Applicable	
<b>6. Name and Address of Current Registered Agent</b> CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301			<b>7. Name and Address of New Registered Agent</b>		
			Name <b>ANTHONY KALLICHE</b>		
			Street Address (P.O. Box Number is Not Acceptable) <b>2950 N 28 TERRACE</b>		
			City <b>Hollywood</b> <b>FL</b> Zip Code <b>33020</b>		
<b>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.</b>					
SIGNATURE <u><i>[Signature]</i></u> DATE <b>6/25/07</b>					
Signature, typed or printed name of registered agent and title if applicable    (NOTE: Registered Agent signature required when reappointing)					
<b>Amended AR is \$61.25</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>RD</b> <b>KURTZ, JOHN C</b> 100 VISTA ROYALE BLVD. VERO BEACH, FL 32962	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>ROSES, TOMAS</b> 2950 N 28 TERRACE Hollywood, FL 33020	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>AS</b> <b>WENDY, LANG</b> 6300 PARK OF COMMERCE BLVD. BOCA RATON, FL 33487	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>STRUNIN, RICHARD</b> 2950 N. 28 TERRACE Hollywood, FL 33020	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>SOLLINS, CHARLES D</b> 6300 PARK OF COMMERCE BLVD BOCA RATON, FL 33487	<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>SD</b> <b>FRIEDRICHSEN, JOHN B</b> 1140 BAY STREET TORONTO, ON M5S2B4	<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>TD</b> <b>COOKE, DOUGLAS G</b> 1140 BAY STREET TORONTO, ON M5S2B4	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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<b>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 employees.</b>					
<b>SIGNATURE:</b> <u><i>[Signature]</i></u>			<b>8/2/07</b> <b>561-989-5071</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date    Daytime Phone #		