


**FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 27, 2008 8:00 am
Secretary of State

06-27-2008 90002 001 ***150.00

DOCUMENT # P94000073761	
1. Entity Name VISTA TRAVEL ASSOCIATES INC	

DO NOT WRITE IN THIS SPACE

50007613

CR2E034B (5/07)

2. Principal Place of Business - No P.O. Box # 2560 RCA BLVD		3. Mailing Address 2560 RCA BLVD	
Suite, Apt., etc. SUITE 112		Suite, Apt., etc. SUITE 112	
City & State PALM BEACH GARDENS FL		City & State PALM BEACH GARDENS FL	
Zip 33410	Country USA	Zip 33410	Country USA

4. FEI Number 65-0548088	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent	
Name NANCY CHARIN	
Street Address (P.O. Box Number is Not Acceptable) 2560 RCA BLVD SUITE 112	
City PALM BEACH GARDENS FL	Zip Code 33410

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended AR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PRES	NAME NANCY CHARIN
STREET ADDRESS 2560 RCA # 112 Palm Beach Gardens	CITY-ST-ZIP 33410
TITLE VP SEC	NAME ROY CHARIN
STREET ADDRESS 2560 RCA # 112 Palm Beach Gardens	CITY-ST-ZIP FL 33410
TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

[Signature]

6/24/08