

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000020988

FILED  
Feb 08, 2008  
Secretary of State

Entity Name: GREEN VISTA APARTMENTS, INC.

## Current Principal Place of Business:

490 OPA LOCKA BLVD.  
#20  
OPA LOCKA, FL 33054

## New Principal Place of Business:

## Current Mailing Address:

490 OPA LOCKA BLVD.  
#20  
OPA LOCKA, FL 33054

## New Mailing Address:

FEI Number: 65-0565625

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WILLIAMS, BALDWIN S  
490 OPA-LOCKA BOULEVARD  
SUITE 20  
OPA-LOCKA, FL 33054 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: WILLIAMS-BALDWIN, STEPHANIE  
Address: 490 OPA LOCKA BLVD., #20  
City-St-Zip: OPA LOCKA, FL 33054

Title: D ( ) Delete  
Name: WILSON, PAULETTE  
Address: 15830 N.W. 17 COURT  
City-St-Zip: OPA LOCKA, FL 33054

Title: D ( ) Delete  
Name: BARNETT, WILLIE  
Address: 6600 N.W. 27 AVENUE -SUITE 109  
City-St-Zip: MIAMI, FL 33147

Title: D ( ) Delete  
Name: LOGAN, WILLIE  
Address: 18870 NW 53 PL  
City-St-Zip: MIAMI, FL 33015

Title: D ( ) Delete  
Name: SABIR, NASHID  
Address: 18350 N.W. 2 AVENUE, 5TH FLOOR  
City-St-Zip: MIAMI, FL 33169

Title: D ( ) Delete  
Name: MILLER, JERRY  
Address: 8221 N.W. 198 STREET  
City-St-Zip: HIALEAH, FL 33015

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEPHANIE WILLIAMS-BALDWIN

PD

02/08/2008

Electronic Signature of Signing Officer or Director

Date