

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 14, 2006 8:00 am
Secretary of State

03-14-2006 90020 049 ***158.75

DOCUMENT # P97000078860

1. Entity Name

RIO VISTA WEST, INC.



Principal Place of Business

719 SOUTHEAST 15TH STREET
FT LAUDERDALE FL 33316
US

Mailing Address

P.O. BOX 9137
FT LAUDERDALE FL 33310



2. Principal Place of Business

3. Mailing Address

6021 N.E. 18th Terrace

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Fort Lauderdale, Florida

Zip

Country

Zip

Country

33308

USA

4. FEI Number

65-0779823

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/05)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SANDQUIST, DAVID A
719 SE 15TH STREET
FORT LAUDERDALE FL 33316

Name

Street Address (P.O. Box Numbers Not Acceptable)

6021 N.E. 18th Terrace

City

Fort Lauderdale

FL

Zip Code

33308

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

David A. Sandquist PSTD David A. Sandquist

3-1-06

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSTD ☐ Delete
NAME SANDQUIST, DAVID A
STREET ADDRESS 719 SOUTHEAST 15TH STREET
CITY-ST-ZIP FT LAUDERDALE FL 33301

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 6021 N.E. 18th Terrace
CITY-ST-ZIP Fort Lauderdale, Florida 33308

TITLE V ☐ Delete
NAME OLSSON, MARILYN
STREET ADDRESS 719 SOUTHEAST 15TH STREET
CITY-ST-ZIP FT LAUDERDALE FL 33301

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 6021 N.E. 18th Terrace
CITY-ST-ZIP Fort Lauderdale, Florida 33308

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

David A. Sandquist David A. Sandquist

3-1-06

Date

954-711-2100

Daytime Phone #