


2008 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Apr 02, 2008 08:00 AM
Secretary of State

DOCUMENT # S19590
 1. Entity Name
 VISTA SATELLITE COMMUNICATIONS, INC.



Principal Place of Business Mailing Address
 73-104 SW 12TH AVENUE 73-104 SW 12TH AVENUE
 DANIA BEACH, FL 33004 US DANIA BEACH, FL 33004 US

DO NOT WRITE IN THIS SPACE



01252008 No Chg-P CR2E034 (11/05)

| | |
|---|---------------------------------------|
| 4. FEI Number 11-2945055 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent
 LEIMER, ROY J
 73-104 SW 12TH AVENUE
 DANIA BEACH, FL 33004

DO NOT WRITE IN THIS SPACE

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD LIEMER, ROY 73-104 SW 12TH AVENUE DANIA BEACH, FL 33004 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD LIEMER, GERI 73-104 SW 12TH AVENUE DANIA BEACH, FL 33004 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

U00000877482
 04/14/08-80016-009 150.00

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 Block 11 if changed, or on an attachment with an address, with all other like empowerments.

SIGNATURE:  Date: **3-28-08** Daytime Phone #: **954 838-0900**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR