


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jun 13, 2006 08:00 AM**  
**Secretary of State**


**DOCUMENT # F01000003636**  
1. Entity Name  
**VISIONARIA ADVISORY COMPANY**



Principal Place of Business  
**20801 BISCAYNE BLVD., SUITE 403  
AVENTURA, FL 33180**

Mailing Address  
**13040 S.W. 56TH TERRACE  
MIAMI, FL 33183**

**DO NOT WRITE IN THIS SPACE**



03302006 No Chg-P CR2E034 (11/05)

4. FEI Number <b>65-1090989</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

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

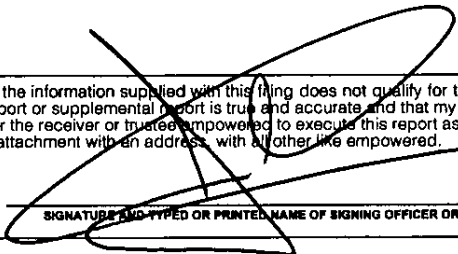
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT ARANA, JOSE LUIS 20801 BISCAYNE BLVD., SUITE 403 AVENTURA, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PERALES, ALONSO 20801 BISCAYNE BLVD., SUITE 403 AVENTURA, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ATAS CAREAGA, JAVIER 20801 BISCAYNE BLVD., SUITE 403 AVENTURA, FL 33180
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**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 empowered.

**SIGNATURE:**  \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **3/31/06** Daytime Phone # \_\_\_\_\_