

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000002121

FILED  
Feb 25, 2009  
Secretary of State

Entity Name: VISIO NERF INC.

## Current Principal Place of Business:

19620 PINES BOULEVARD  
217 SPACE 11  
PEMBROKE PINES, FL 33029

## New Principal Place of Business:

## Current Mailing Address:

19620 PINES BOULEVARD  
217 SPACE 11  
PEMBROKE PINES, FL 33029

## New Mailing Address:

FEI Number: 20-8680923      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

INCORP SERVICES, INC.  
17888 67TH CT N  
LOXAHATCHEE, FL 33470      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: DP ( ) Delete  
Name: DASILVA, IVANILDO  
Address: 480 SW 203RD AVE  
City-St-Zip: PEMBROKE PINES, FL 33029

Title: D ( ) Delete  
Name: MIRANDA, MARCOS  
Address: 21011 JOHNSON STREET STE 102  
City-St-Zip: PEMBROKE PINES, FL 33029 US

Title: S ( ) Delete  
Name: DASILVA, KELLY  
Address: 480 SW 203RD AVE  
City-St-Zip: PEMBROKE PINES, FL 33029

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: DASILVA, IVANILDO  
Address: 480 SW 203RD AVE  
City-St-Zip: PEMBROKE PINES, FL 33029

Title: D (X) Change ( ) Addition  
Name: DASILVA, IVANILDO  
Address: 480 SW 203RD AVE  
City-St-Zip: PEMBROKE PINES, FL 33029

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: IVANILDO DASILVA

P

02/25/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date