2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005
Secretary of State

DOCUMENT# N03000010605

Entity Name: ALMA VISION MIAMI, INC.

Current Principal Place of Business:

1881 N.E. 146 ST
NORTH MIAMI, FL 33181

New Principal Place of Business:

Current Mailing Address:

1881 N.E. 146 ST
NORTH MIAMI, FL 33181

New Mailing Address:

FEI Number: 86-1091083 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CASTILLO, YAMIL
13833 SW 104 ST
MIAMI, FL 33186 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

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	CAAMANO, DANIEL	
Address:	P.O. BOX 963	
City-St-Zip:	HALLANDALE, FL 35008	
Title:	V	( ) Delete
Name:	SOTOLONGO, JAVIER	
Address:	13833 S.W. 142ND AVE	
City-St-Zip:	MIAMI, FL 33186	
Title:	S	( ) Delete
Name:	MALAVERDE, PAUL	
Address:	13833 S.W. 142ND AVE	
City-St-Zip:	MIAMI, FL 33186	
Title:	SDT	( ) Delete
Name:	CASTILLO, YAMIL	
Address:	13833 S.W. 142ND AVE	
City-St-Zip:	MIAMI, FL 33186	
Title:	D	( ) Delete
Name:	LEON, DINORAH	
Address:	13833 SW 142 AVE	
City-St-Zip:	MIAMI, FL 33186	
Title:	D	( ) Delete
Name:	CRUZ, HUMBERTO	
Address:	13833 SW 142 AVE	
City-St-Zip:	MIAMI, FL 33186	

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 for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: YAMIL CASTILLO SDT 04/29/2005

Electronic Signature of Signing Officer or Director — Date