


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 08:00 AM
Secretary of State

DOCUMENT # N04000004795


1. Entity Name
 GROUP VISION MARIEN, INC.



Principal Place of Business
 864 NE 90TH ST.
 MIAMI, FL 33138

Mailing Address
 864 NE 90TH ST.
 MIAMI, FL 33138

DO NOT WRITE IN THIS SPACE



04102008 No Chg-NP CR2E037 (4/06)

4. FEI Number 30-0258301	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

JOSEPH, ANCELEAU
 864 NE 90TH ST.
 MIAMI, FL 33138

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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]* ANCELEAU JOSEPH DATE: 4/28/08

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2008

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

U00000937837
 05/27/08-80064-021 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JOSEPH, ANCELEAU 864 NE 90TH ST. MIAMI, FL 33138
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JACQUES, SOREL 11040 NE 6TH AVENUE MIAMI, FL 33161
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LUCAS, VERDIEU 650 SW 94 TERRACE PEMBROKE PINE, FL 33025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MOREAU, LEON 1091 NE 161 TERRACE MIAMI, FL 33162
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASD FLEURINOR, GERALDA 2639 FLETCHER CT. HOLLYWOOD, FL 33020
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ALEXANDRE, TONY 1413 NW 1ST AVE. FT. LAUDERDALE, FL 33020

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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 617, 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]* DATE: 4-28-08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #