

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2009
Secretary of State

DOCUMENT# N04000004795

Entity Name: GROUP VISION MARIEN, INC.

Current Principal Place of Business:

864 NE 90TH ST.
MIAMI, FL 33138

New Principal Place of Business:

Current Mailing Address:

864 NE 90TH ST.
MIAMI, FL 33138

New Mailing Address:

FEI Number: 30-0258301

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOSEPH, ANCELEAU
864 NE 90TH ST.
MIAMI, FL 33138 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: PD () Delete
Name: JOSEPH, ANCELEAU
Address: 864 NE 90TH ST.
City-St-Zip: MIAMI, FL 33138

Title: VD () Delete
Name: JACQUES, SOREL
Address: 11040 NE 6TH AVENUE
City-St-Zip: MIAMI, FL 33161

Title: VD () Delete
Name: LUCAS, VERDIEU
Address: 650 SW 94 TERRACE
City-St-Zip: PEMBROKE PINE, FL 33025

Title: SD () Delete
Name: MOREAU, LEON
Address: 1091 NE 161 TERRACE
City-St-Zip: MIAMI, FL 33162

Title: ASD () Delete
Name: FLEURINOR, GERALDA
Address: 2639 FLETCHER CT.
City-St-Zip: HOLLYWOOD, FL 33020

Title: TD () Delete
Name: ALEXANDRE, TONY
Address: 1413 NW 1ST AVE.
City-St-Zip: FT. LAUDERDALE, FL 33020

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: SAINT-JEAN, GILBERT
Address: P. O. BOX 640967
City-St-Zip: MIAMI, FL 33164

Title: SD (X) Change () Addition
Name: LUCAS, VERDIEU
Address: 650 SW 94 TERRACE
City-St-Zip: PEMBROKE PINE, FL 33025

Title: ASD (X) Change () Addition
Name: MOREAU, LEON
Address: 1091 NE 161 TERRACE
City-St-Zip: MIAMI, FL 33162

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANCELEAU JOSEPH

PD

04/09/2009

Electronic Signature of Signing Officer or Director

Date