

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
May 01, 2006  
Secretary of State**

DOCUMENT# N04000011426

Entity Name: THE RED APPLE VISSION CORP

**Current Principal Place of Business:**

3440 NW 7 ST.  
MIAMI, FL 33125

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 140303  
CORAL GABLES, FL 33114

**New Mailing Address:**

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

BOUZON, NIEVES  
3440 NW 7 ST.  
MIAMI, FL 33125 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: BOUZON, NIEVES  
Address: 3440 NW 7 ST.  
City-St-Zip: MIAMI, FL 33125

Title: T ( ) Delete  
Name: MARRERO, ROSA  
Address: 3440 NW 7 ST.  
City-St-Zip: MIAMI, FL 33125

Title: S ( ) Delete  
Name: ARIAS, JACQUELIN  
Address: 3440 NW 7 ST.  
City-St-Zip: MIAMI, FL 33125

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: S (X) Change ( ) Addition  
Name: ARIAS, JACQUELINE  
Address: 3440 NW 7 ST.  
City-St-Zip: MIAMI, FL 33125

I hereby certify that the information supplied with this filing does not qualify for the 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: NIEVES BOUZON

P

05/01/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date