

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000005259

FILED
Jan 12, 2005
Secretary of State

Entity Name: RECAPTURING THE VISION, INTERNATIONAL, INC.

Current Principal Place of Business:

9950 HIBISCUS ST.
MIAMI, FL 33157

New Principal Place of Business:

Current Mailing Address:

9950 HIBISCUS ST.
MIAMI, FL 33157

New Mailing Address:

FEI Number: 65-0622266

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DELROSARIO, JACQUELINE
10800 SW 135 TERRACE
MIAMI, FL 33176 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: D/O () Delete
Name: DELROSARIO, JACQUELINE
Address: 10800 SW 135 TERRACE
City-St-Zip: MIAMI, FL

Title: D () Delete
Name: ANTHONY, BERNARD
Address: 9032 SW 152ND STREET
City-St-Zip: MIAMI, FL 33157

Title: D () Delete
Name: CALIN, PETER
Address: 2625 PONCE DE LEON BLVD., STE. 280
City-St-Zip: CORAL GABLES, FL

Title: D () Delete
Name: DRUCKMAN, SANDRA
Address: 3210 BRICKETT AVE
City-St-Zip: MIAMI, FL

Title: D () Delete
Name: BUKER, DIANE
Address: 7790 SW 127TH STREET
City-St-Zip: MIAMI, FL 33156

Title: D () Delete
Name: GORDON, BEVERLY
Address: 12205 SW 16TH TERRACE UNIT A-104
City-St-Zip: MIAMI, FL 33175

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: JACQUELINE DELROSARIO

D/O

01/12/2005

Electronic Signature of Signing Officer or Director

Date