2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) DOCUMENT



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VISUAL KNOWLEDGE, INC.

1. Entity Name

7205 N.W. 19 ST.

MIAMI FL 33126

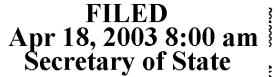
205

Principal Place of Business Mailing Address 7205 N.W. 19 ST

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MIAMI FL 33126

US HS 3. Mailing Address 7765 N.W. 48th St. 7765 N.W. 48 St. Suite, Apt. #, etc. Suite, Apt. #, etc. 300



04-18-2003 90188 013 ***150.00



2. Principal Place of Business ☐ CHECK HERE IF MAKING CHANGES City & State MIAMI, FL 4. FEI Number Applied For 65-0579448 FL Not Applicable Country A \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PARLADE, ALBERTO J --- -Street Address (P.O. Box Number is Not Acceptable) 3850 S.W. 87TH AVENUE SUITE 207 **MIAMI FL 33165** City Zip Code 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, typed or prieted name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Addition ☐ Delete NUNEZ, GONZALO F NAME NAME STREET ADDRESS 7205 NW 19TH ST. #205 STREET ADDRESS MIAMI FL 33126 CITY - ST - ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME DE ANGULO, JUAN F NAME STREET ADDRESS STREET ADDRESS 7205 NW 19TH ST, #205 CITY-ST-ZIP **MIAMI FL 33142** CITY-ST-ZIP ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Addition ☐ Defete ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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 of trustee employeered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment an address, with all other like empowered

SIGNATURE:

REQUIRED RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 305-486-6650 Daytime Phone #