

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2004 8:00 am
Secretary of State

04-07-2004 90336 009 ****61.25

DOCUMENT # N01000008869 1. Entity Name SECOND VISION, INC.			
Principal Place of Business 222 LAKEVIEW AVENUE SUITE 160 WEST PALM BEACH, FL 33401		Mailing Address 222 LAKEVIEW AVENUE SUITE 160 WEST PALM BEACH, FL 33401	
2. Principal Place of Business 8080 S.E. Peppercorn Ct. Suite, Apt. #, etc.		3. Mailing Address 8080 S.E. Peppercorn Ct. Suite, Apt. #, etc.	
City & State HOBE SOUND, FL Zip 33455 Country USA		City & State HOBE SOUND, FL Zip 33455 Country USA	
4. FEI Number 69-0004957		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RAFAELS, DIANE C 8080 SE PEPPERCORN COURT HOBE SOUND, FL 33455		7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL 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 <u><i>Diane C. Rafael</i></u> Director <u>4/04/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small>			
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD RAFAELS, DIANE C 8080 SE PEPPERCORN COURT HOBE SOUND, FL 33455	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD UMBERTO, RAFAEL S 8080 SE PEPPERCORN COURT HOBE SOUND, FL 33455	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHANDLER, WILLIAM B JR 4511 ALPINE CT. SNELLVILLE, GA 30039	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 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: <u><i>Diane C. Rafael</i></u> DIANE C. RAFAELS <u>4/04/04</u> <u>772-220-5910</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			

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