FILED
Apr 15, 2005 8:00 am
Secretary of State
04-15-2005 90241 001 ***900.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000069389

66010264

DO NOT WRITE IN THIS SPACE

1. Entity Name
VICSO INC.

Principal Place of Business	Mailing Address
c/o Jose A. Rodriguez, Esq.	**c/o Jose A. Rodriguez, Esq.**
2. Principal Place of Business: **100 SE 2nd Street**	3. Mailing Address: **100 SE 2nd Street**
Suite, Apt. #, etc.: **Suite 2900**	Suite, Apt. #, etc.: **Suite 2900**
City & State: **Miami, FL**	City & State: **Miami, FL**
Zip: **33131** Country: **US**	Zip: **33131** Country: **US**

4. FEI Number: **05-0527644** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and address of New Registered Agent
	Name: **Jose A. Rodriguez, Esq.**
	Street Address (P.O. Box Number is Not Acceptable): **100 S.E. Second Street**
	Suite 2900
	City: **Miami** FL Zip: **33131**

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.

SIGNATURE _____ 4/11/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $150.00
DUE BY MAY 1, 2005

Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/ MEMBERS		10. ADDITIONS/ CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	**DVPT** **Remonda, Celia M** **150 Alhambra Circle, Suite 1270** **Coral Gables, FL 33134** ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	**DVPT** **Remonda, Celia M** **100 SE 2nd Street, Suite 2900** **Miami, FL 33131** ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	**DPS** **Moyano, Francisco J** **150 Alhambra Circle, Suite 1270** **Coral Gables, FL 33134** ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	**DPS** **Moyano, Francisco J** **100 SE 2nd Street, Suite 2900** **Miami, FL 33131** ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	**VP** **Remonda, Carolina De** **150 Alhambra Circle, Suite 1270** **Coral Gables, FL 33134** ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	**VP** **De Miguel Remonda, Carolina** **100 SE 2nd Street, Suite 2900** **Miami, FL 33131** ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE _____ 4·11·05 305·423·3426
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #