#### I hereby 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

#### SIGNATURE: BARON DAPARRE

Electronic Signature of Signing Officer/Director Detail

PRESIDENT

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

### **Officer/Director Detail :**

Title	Р	Title	VP
Name	DAPARRE, BARON	Name	DAPARRE, BRENEZZA F
Address	7365 SW 8TH	Address	7365 SW 8 ST
City-State-Zip:	MIAMI FL 33144	City-State-Zip:	MIAMI FL 33144

## 2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L53687

Entity Name: BARON'S VISUAL IMAGES INC.

#### **Current Principal Place of Business:**

7365 SW 8TH STREET 7365 SW 8 STREET MIAMI, FL 33144

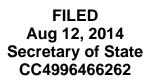
# **Current Mailing Address:**

7365 SW 8TH STREET 7365 SW 8 STREET MIAMI, FL 33144 UN

### FEI Number: 65-0186034

### Name and Address of Current Registered Agent:

DAPARRE, BARON 7365 SW 8TH STREET MIAMI, FL 33144 US



Certificate of Status Desired: No

08/12/2014

Date