above, or on an attachment with all other like empowered. SIGNATURE: LIDIA BUSSIERE

Electronic Signature of Signing Officer/Director Detail

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.

	, , , , , , , , , , , , , , , , , , , ,		J ,	.,	
SIGNATURE:	LIDIA P BUSSIERE			03/13/2015	
	Electronic Signature of Registered Agent			Date	
Officer/Direc	or Detail :				
Title	SECRETARY	Title	VP		
Name	BUSSIERE, LIDIA P	Name	BOLIVAR, CARMEN L		
	1375 NW 97 AVE UNIT 12	Address	1375 NW 97 AVE UNIT 12		
City-State-Zip:	DORAL FL 33172	City-State-Zip:	DORAL FL 33172		

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

BUSSIERE, LIDIA P 1375 NW 97 AVE

DORAL, FL 33172 US

UNIT 12

DORAL, FL 33172

1375 NW 97 AVE UNIT 12 DORAL, FL 33172

FEI Number: 27-1018190

Name and Address of Current Registered Agent:

DOCUMENT# P0900080295

Entity Name: C BO VISIONS, CORP.

Current Principal Place of Business:

1375 NW 97 AVE UNIT 12

Current Mailing Address:

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

SECRETARY

03/13/2015

FILED Mar 13, 2015 Secretary of State CC5934498280

Certificate of Status Desired: No

Date