

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000080295

**Entity Name:** C BO VISIONS, CORP.

**Current Principal Place of Business:**

1375 NW 97 AVE  
UNIT 12  
DORAL, FL 33172

**Current Mailing Address:**

1375 NW 97 AVE  
UNIT 12  
DORAL, FL 33172

**FEI Number:** 27-1018190

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BUSSIERE, EDWARD  
1375 NW 97 AVE  
UNIT 12  
DORAL, FL 33172 US

*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

Date

**Officer/Director Detail :**

Title PD  
Name BUSSIERE, EDWARD  
Address 1375 NW 97 AVE, SUITE 12  
City-State-Zip: DORAL FL 33172

Title SECRETARY  
Name BUSSIERE, LIDIA P  
Address 1375 NW 97 AVE  
UNIT 12  
City-State-Zip: DORAL FL 33172

Title VP  
Name BOLIVAR, CARMEN L  
Address 1375 NW 97 AVE  
UNIT 12  
City-State-Zip: DORAL FL 33172

*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:** LIDIA BUSSIERE

**SECRETARY**

**04/03/2013**

Electronic Signature of Signing Officer/Director Detail

Date