

# **2011 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A97000002200

Entity Name: IVISION INTERNATIONAL, LTD.

**FILED**  
**Mar 07, 2011**  
**Secretary of State**

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

1601 SAWGRASS CORP. PARKWAY, #420  
SUNRISE, FL 33323

## **New Principal Place of Business:**

## **Current Mailing Address:**

1601 SAWGRASS CORP. PARKWAY, #420  
SUNRISE, FL 33323

## **New Mailing Address:**

FEI Number: 65-0793552

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CUZA, JESUS E ESQ  
1601 SAWGRASS CORP. PARKWAY, #420  
SUNRISE, FL 33323 US

## **Name and Address of New Registered Agent:**

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

## **GENERAL PARTNER INFORMATION:**

Document #: P96000103520  
Name: PREFERRED VISION CARE, INC.  
Address: 1601 SAWGRASS CORP. PARKWAY, #420  
City-St-Zip: SUNRISE, FL 33323

## **ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: J. ANTAL

PRES

03/07/2011

\_\_\_\_\_  
Electronic Signature of Signing General Partner

\_\_\_\_\_  
Date