

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 26, 2004 8:00 am**  
**Secretary of State**

05-26-2004 90005 032 \*\*\*550.00

**DOCUMENT # F01000003291**

1. Entity Name  
**FLORIDA ENVISION CORPORATION**



Principal Place of Business  
**2665 SOUTH BAYSHORE DRIVE, STE. 1100  
MIAMI, FL 33133**

Mailing Address  
**2665 SOUTH BAYSHORE DRIVE, STE. 1100  
MIAMI, FL 33133**

2. Principal Place of Business  
**5960 SW 57TH AVE**  
Suite, Apt. #, etc.

3. Mailing Address  
**5960 SW 57TH AVE**  
Suite, Apt. #, etc.

City & State  
**Miami, FL**

City & State  
**Miami, FL**

Zip  
**33143**

Country  
**U.S.**

Zip  
**33143**

Country  
**U.S.**

04272004 Chg-P CR2E034 (10/03)

4. FEI Number  
**59-0410537**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**CORPAMERICA, INC.  
1201 HAYS STREET  
TALLAHASSEE, FL 32301**

**7. Name and Address of New Registered Agent**

Name **EVELYN RODRIGUEZ**  
Street Address (P.O. Box Number is Not Acceptable)  
**5960 SW 57TH AVE**  
City **Miami** FL Zip Code **33143**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **EVELYN RODRIGUEZ**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**04/27/04**  
DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May-1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution ☐ **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME **CD** ☐ Delete  
STREET ADDRESS **RODRIGUEZ, EVELYN**  
CITY-ST-ZIP **2665 SOUTH BAYSHORE DRIVE, STE. 1100  
MIAMI, FL 33133**

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE **D** ☒ Change ☐ Addition  
NAME **EVELYN RODRIGUEZ**  
STREET ADDRESS **5960 SW 57TH AVE**  
CITY-ST-ZIP **Miami, FL 33143**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **EVELYN RODRIGUEZ** **04/27/04** **305-4553358**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

**POSTED**