


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 18, 2005 08:00 AM
Secretary of State

DOCUMENT # F02000001937 1. Entity Name VISARA INTERNATIONAL, INC.	
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Principal Place of Business 6833 MT. HERMAN ROAD MORRISVILLE, NC 27560-9261	Mailing Address PO BOX 90576 RALEIGH, NC 27675
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01062005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 43-1950056	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent DEVEYDT, ERNIE 8770 SUNSET DRIVE, #520 MIAMI, FL 33173

**DO NOT WRITE
IN THIS SPACE**

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 _____

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

(NOTE: Registered Agent signature required when reissuing)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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 STREET ADDRESS CITY-ST-ZIP	P MATTHEWS, JAMES T 6833 MT. HERMAN ROAD MORRISVILLE, NC 275609261
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MATTHEWS, DOUGLAS G 320 N. JENSEN VESTAL, NY 13850
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MATTHEWS, JOHN W 320 N. JENSEN VESTAL, NY 13850
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS LUCAS, ROGER 6833 MT. HERMAN RD. VESTAL, NY 13850
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

11000000182930
01/19/05-80049-002 150.00

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Roger Lucas, Asst Sec.

1/6/05

Date

919-882-0220

Daytime Phone #