2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000001715

Entity Name: VISIBLE ASSETS, INC.

FILED Feb 16, 2006 Secretary of State

Littity Nan	ie. VISIBLE	. ASSETS, INC.					
Current Principal Place of Business:				New Principal Place of Business:			
5201 BLUE LAGOON DR, PH MIAMI, FL 33126				9100 SOUTH DADELAND BLVD SUITE 106 MIAMI, FL 33156			
Current Mailing Address:				New Mailing Address:			
5201 BLUE LAGOON DR, PH MIAMI, FL 33126				9100 SOUTH DADELAND BLVD SUITE 106 MIAMI, FL 33156			
FEI Number:	20-1342034	FEI Number Applied For ()	FEI Nun	nber Not Appli	icable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
PIERCE, JAY 5201 BLUE LAGOON DR, PH MIAMI, FL 33126 US The above named entity submits this statement for the purpose o in the State of Florida.				PIERCE, JAY 9100 SOUTH DADELAND BLVD. SUITE 106 MIAMI, FL 33156 US of changing its registered office or registered agent, or both,			
SIGNATUR						02/16/2006	
SIGNATOR		onic Signature of Registered Agent	 			Date	
Election Cam		ng Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	STEVENS, JO	HILL AVENUE		Title: Name: Address: City-St-Zip:	CD (X STEVENS, JOI 195 BUNKER I STRATHAM, N	HILL AVENUE	
Title: Name: Address: City-St-Zip:	() Delete		Title: Name: Address: City-St-Zip:	PIERCE, JAY) Change (X) Addition DADELAND BLVD,SUITE 106 156	
Title: Name: Address: City-St-Zip:	() Delete		Title: Name: Address: City-St-Zip:	HURST, JEFFI	STREET, SUITE 4100	
Title: Name: Address: City-St-Zip:	() Delete		Title: Name: Address: City-St-Zip:	D (LOOP, FLOYD 9500 EUCLID CLEVELAND, 0	AVENUE	
Title: Name: Address: City-St-Zip:	() Delete		Title: Name: Address: City-St-Zip:	D (KIM, MICHAEL 222 VISTA MA SAN CLEMEN	RINA	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JAY PIERCE P 02/16/2006