


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90463 007 ***150.00

DOCUMENT # K39815
1. Entity Name
 VISUAL SYSTEMS OF CORAL SPRINGS, INC.



Principal Place of Business 9553 W. ATLANTIC BLVD 9553 CORAL SPRINGS, FL 33071 US	Mailing Address 9553 W. ATLANTIC BLVD 9553 CORAL SPRINGS, FL 33071 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip Country	Zip Country



04282004 Chg-P CR2E034 (10/03)

4. FEI Number 65-0082706	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 AMERICO, ANGELO
 9553 W. ATLANTIC BLVD.
 CORAL SPRINGS, FL 33071

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 _____ **DATE** _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

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

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

10. OFFICERS AND DIRECTORS

TITLE	P <input type="checkbox"/> Delete
NAME	AMERICO, ANGELO
STREET ADDRESS	9553 W. ATLANTIC BLVD
CITY-ST-ZIP	CORAL SPRINGS, FL
TITLE	D <input type="checkbox"/> Delete
NAME	AMERICO, DONNA
STREET ADDRESS	9553 W. ATLANTIC BLVD
CITY-ST-ZIP	CORAL SPRINGS, FL
TITLE	VP <input type="checkbox"/> Delete
NAME	JARMON, MICHAEL
STREET ADDRESS	9553 W. ATLANTIC BLVD
CITY-ST-ZIP	CORAL SPRINGS, FL
TITLE	D <input type="checkbox"/> Delete
NAME	JARMON, JOY
STREET ADDRESS	9553 W. ATLANTIC BLVD
CITY-ST-ZIP	CORAL SPRINGS, FL
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 _____ **ANGELO AMERICO, Pres** **4/27/04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time/Phone #