



# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 05, 2004 8:00 am**  
**Secretary of State**

03-05-2004 90009 002 \*\*\*150.00

|  |  |   |   |   |  |
|--|--|---|---|---|--|
| <b>DOCUMENT # L52649</b><br>1. Entity Name<br><b>VISON B., INC.</b>  |  |   |   |    |  |
| Principal Place of Business<br>1330 CORAL WAY<br>305<br>MIAMI, FL 33145 US   |  |   | Mailing Address<br>3640 YACHT CLUB DR<br>APT. 1404<br>AVENTURA, FL 33180 US   |   |  |
| 2. Principal Place of Business<br><br>Suite, Apt. #, etc.  |  | 3. Mailing Address<br><br>Suite, Apt. #, etc. |   | <b>44010070</b><br><br>   |  |
| City & State   |  | City & State                                  |   | 01302004 Chg-P CR2E034 (10/03)  |  |
| Zip Country  |  | Zip Country                                   |   | 4. FEI Number<br><b>65-0172868</b>  |  |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>  |  |   |   | Applied For<br><input type="checkbox"/> Not Applicable  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>VIDAL, VICTOR</b><br><b>1330 CORAL WAY</b><br><b>#305</b><br><b>MIAMI, FL 33145</b>  |  |   |   | 7. Name and Address of New Registered Agent<br>Name <b>SERBER, DANIEL ESQ.</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>2875 NE 191 ST SUITE 801</b><br>City <b>AVENTURA</b> FL <b>33180</b> |  |
| 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 <u><i>Daniel J. Serber</i></u> <b>DANIEL J. SERBER ESQ.</b> <b>3/3/04</b><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>  |  |   |   |   |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2004 Fee will be \$550.00</b>  |  |   | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>   |   |  |
| 10. OFFICERS AND DIRECTORS   |  |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11   |   |  |
| TITLE <input checked="" type="checkbox"/> P <input type="checkbox"/> Delete<br>NAME <b>MEROM, HILDA</b><br>STREET ADDRESS <b>3640 YACHT CLUB DR #1404</b><br>CITY-ST-ZIP <b>AVENTURA, FL 33180</b>   |  |   | TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br>NAME <b>D, VP DIANA LEONOR KRAMER</b><br>STREET ADDRESS <b>3640 YACHT CLUB DR #1404</b><br>CITY-ST-ZIP <b>AVENTURA FL 33180</b> |   |  |
| TITLE <input type="checkbox"/> Delete<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  |   | TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br>NAME <b>D, S DAMIAN NUSYNKIER</b><br>STREET ADDRESS <b>3640 YACHT CLUB DR #1404</b><br>CITY-ST-ZIP <b>AVENTURA FL 33180</b>     |   |  |
| TITLE <input type="checkbox"/> Delete<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  |   | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   |  |
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| TITLE <input type="checkbox"/> Delete<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  |   | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>NAME<br>STREET ADDRESS<br>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: <u><i>Damian Nusynkier</i></u> <b>DAMIAN NUSYNKIER</b> <b>3/3/04</b> <b>786-553-7228</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>  |  |   |   |   |  |