

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000639

FILED
Jan 11, 2010
Secretary of State

Entity Name: VISION INTERNATIONAL UNIVERSITY OF FLORIDA, INC.

Current Principal Place of Business:

6454 PARADISE COVE
WEST PALM BEACH, FL 33411 US

New Principal Place of Business:

1402 ROYAL PALM BEACH BLVD.
SUITE #707
ROYAL PALM BEACH, FL 33411 US

Current Mailing Address:

1008 DRAKE DRIVE
EULESS, TX 76039 US

New Mailing Address:

FEI Number: 26-0761167 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

DELGADO, JOHN DR.
6454 PARADISE COVE
WEST PALM BEACH, FL 33411 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PRES
Name: DELGADO, JOHN DR.
Address: 1008 DRAKE DRIVE
City-St-Zip: EULESS, TX 76039 US

Title: VP
Name: DELGADO, IRIS DR.
Address: 1008 DRAKE DRIVE
City-St-Zip: EULESS, TX 76039 US

Title: SEC
Name: DELGADO, KRISTINE
Address: 1008 DRAKE DRIVE
City-St-Zip: EULESS, TX 76039 US

Title: DIR
Name: GARCIA, JOE
Address: 1008 DRAKE DRIVE
City-St-Zip: EULESS, TX 76039 US

Title: DIR
Name: TUBERVILLE, DEBBIE
Address: 1008 DRAKE DRIVE
City-St-Zip: EULESS, TX 76039 US

Title: DIR
Name: CASTRO, SANTOS
Address: 1008 DRAKE DRIVE
City-St-Zip: EULESS, TX 76039 US

I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JOHN DELGADO

PRES

01/11/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date