


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 25, 2005 8:00 am
Secretary of State

08-25-2005 90002 019 ****70.00

DOCUMENT # N04000001581					
1. Entity Name HUMAN VISION, INCORPORATED					
Principal Place of Business 125 NORTH DIXIE HWY #D POMPANO BEACH, FL 33060			Mailing Address 125 NORTH DIXIE HWY #D POMPANO BEACH, FL 33060		
2. Principal Place of Business 125 North Dixie Hwy. Suite, Apt. #, etc.			3. Mailing Address P.O. Box 5536 Suite, Apt. #, etc.		
City & State Pompano Beach, Fl.		City & State Lighthouse Point, Fl.		4. FEI Number EIN: 59-3787-450	
Zip 33064		Country U.S.A.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NORELUS, ELUMA 1515 SE 6TH AVE., #14 POMPANO BEACH, FL 33060			7. Name and Address of New Registered Agent Name: SAME Street Address (P.O. Box Number is Not Acceptable) 5200 N.W. 31st AVE. Apt. K-196 City: Fort-Lauderdale FL Zip Code: 33039		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NORELUS, ELUMA 151 SE 6TH AVE. #14 POMPANO BEACH, FL 33060	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Norelus Eluma 5200 N.W. 31st Ave Apt K-196 Fort-Lauderdale, FL 33039	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JEAN, REMY 125 NORTH DIXIE HWY #D POMPANO BEACH, FL 33060	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/M. FREGUY Innocent 399 S.W. 13th Place Deerfield Bch	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LAROCH, SAMUEL 1515 SE 6TH AVE. #14 POMPANO BEACH, FL 33060	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	C. Ernst Salvant 2401 N.W. 56th Ave. Lauderhill Fl. 33313	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Laroch Samuel 530 N.W. 43rd Pompano Beach, Fl 33064	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. Joseph St-Fleur 1701 N.E. 43rd Ct. Pompano Beach, Fl. 33064	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Laroch Samuel 530 N.W. 43rd Pompano Beach, Fl 33064	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Laroch Samuel 530 N.W. 43rd Pompano Beach, Fl 33064	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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 617, 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>Yonah...</u> President 8-9-05 954-5514028					