

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2007 8:00 am
Secretary of State

05-04-2007 90091 004 ****61.25

DOCUMENT # N06000009053 1. Entity Name VISIONET LA CASA, INC.					
Principal Place of Business 15868 SW 139TH STREET MIAMI, FL 33196			Mailing Address 15868 SW 139TH STREET MIAMI, FL 33196		
2. Principal Place of Business - No P.O. Box # 2258 NW 82 Avenue		3. Mailing Address 2258 NW 82 Avenue			
Suite, Apt. #, etc. Unit 57-10001		Suite, Apt. #, etc. Unit 57-10001			
City & State Miami, FL		City & State Miami, FL			
Zip 33122		Country USA		Zip 33122	
Country USA		4. FEI Number 20-2807980			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RIVERA, JOSE A 15868 SW 139TH STREET MIAMI, FL 33196			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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. <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> SIGNATURE <small>Signature typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 30%; text-align: center;"> Jose A. Rivera - T </div> <div style="width: 20%; text-align: right;"> 4/30/07 <small>DATE</small> </div> </div>					
Filing Fee is \$61.25 Due by May 1, 2007		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 PEQA, EDGARDO CARRERA 7 #81-26 BOGOTA, COLUMBIA,		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PENA, EDGARDO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BLANCO, MARIADO G CARRERA 7 #81-26 BOGOTA, COLUMBIA,		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BLANCO, MARIA G <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RIVERA, JOSE A 15868 SW 139TH STREET MIAMI, FL 33196		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DE ANGULO, JUAN F 7765 NW 48TH STREET, #300 MIAMI, FL 33166		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARDENAS, CLAUDIA TRANSVERSAL 50A #125-33.BLOQUE 1 APT. 103 BOGOTA, COLUMBIA,		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DE ANGULO, JUAN R. (JR) 7765 NW 48th STREET #300 MIAMI, FL 33166 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Jose A. Rivera 4/30/07 (980) 297-0762 <small>Date Daytime Phone #</small>		