

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000007723

FILED
Apr 05, 2008
Secretary of State

Entity Name: VISIBLE WOMEN, INC.

Current Principal Place of Business:

1717 N BAYSHORE DR #1540
MIAMI, FL 33132

New Principal Place of Business:

Current Mailing Address:

1717 N BAYSHORE DR #1540
MIAMI, FL 33132

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HILL, MARLON A ESQ
200 S BISCAYNE BLVD SUITE 2750
MIAMI, FL 33131 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: D () Delete
Name: BAER, SHELLY
Address: 1581 BRICKELL AVE
City-St-Zip: MIAMI, FL 33129

Title: D () Delete
Name: SOLMAN, SUSAN
Address: 1717 N BAYSHORE DR #1540
City-St-Zip: MIAMI, FL 33132

Title: D () Delete
Name: CRAWFORD, WENDY
Address: 164 NW 92ND ST
City-St-Zip: MIAMI, FL 33150

Title: D () Delete
Name: SILBERMAN, VANESSA
Address: 2665 DOUGLAS RD SUITE 412
City-St-Zip: MIAMI, FL 33133

Title: D () Delete
Name: COHEN, SABRINA
Address: 1800 SUNSET HARBOR DR #2506
City-St-Zip: MIAMI BEACH, FL 33139

Title: D () Delete
Name: DIXON, GINNY
Address: 1300 ARTHUR ST
City-St-Zip: HOLLYWOOD, FL 33019

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: SUSAN SOLMAN

OFFI

04/05/2008

Electronic Signature of Signing Officer or Director

Date