

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000003020

**FILED**  
**Aug 04, 2011**  
**Secretary of State**

**Entity Name:** VISION RESTAURACION INC.

**Current Principal Place of Business:**

10287 WATER HYACINTH DR  
ORLANDO, FL 32825 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 620893  
ORLANDO, FL 32862 US

**New Mailing Address:**

**FEI Number:** 26-4576554

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MORENO, RAMON  
10287 WATER HYACINTH DR  
ORLANDO, FL 32825 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:** P  
**Name:** MORENO, RAMON  
**Address:** 10287 WATER HYACINTH DR  
**City-St-Zip:** ORLANDO, FL 32825 US

**Title:** VP  
**Name:** AVILA, AGAPITO  
**Address:** 12931 MAINE WOODS CT  
**City-St-Zip:** ORLANDO, FL 32824 US

**Title:** S  
**Name:** SOSTRE, JULIO C  
**Address:** 2323 MEADOW OAK CIR  
**City-St-Zip:** KISSIMMEE, FL 34746 US

**Title:** T  
**Name:** ARCE, ANA D  
**Address:** 1233 20TH ST  
**City-St-Zip:** ORANGE CITY, FL 32763 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:** RAMON MORENO

P

08/04/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date