

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N32282

FILED  
Jul 10, 2007  
Secretary of State

Entity Name: VISION FOREIGN TRADE ZONE, INC.

**Current Principal Place of Business:**

43 N KROME AVE  
HOMESTEAD, FL 33030 US

**New Principal Place of Business:**

**Current Mailing Address:**

43 N KROME AVE  
HOMESTEAD, FL 33030 US

**New Mailing Address:**

FEI Number: 65-0147716      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

RICHARDSON, MICHAEL E  
43 N. KROME AVENUE  
2ND FLOOR  
HOMESTEAD, FL 33030 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: DP ( ) Delete  
Name: RICHARDSON, MICHAEL E  
Address: 43 N. KROME AVE  
City-St-Zip: HOMESTEAD, FL 33030

Title: DC ( ) Delete  
Name: REDLICH, EDWARD  
Address: 8725 SW 18TH TERRACE #105  
City-St-Zip: MIAMI, FL 33172

Title: DT ( ) Delete  
Name: BLAKE, PETE  
Address: 30401 S DIXIE HWY  
City-St-Zip: HOMESTEAD, FL 33030

**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:

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: MICHAEL RICHARDSON

DP

07/10/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date