


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90120 011 ***150.00

DOCUMENT # P00000035717	
1. Entity Name INMIGRATION VISAS SERVICES INC.	

Principal Place of Business 6856 W FLAGLER ST #FL-2 MIAMI, FL 33144	Mailing Address 6856 W FLAGLER ST #FL-2 MIAMI, FL 33144
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60012616

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

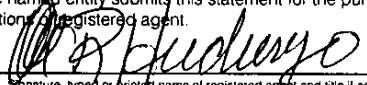
01252007 Chg-P CR2E034 (12/06)

4. FEI Number 65-0998148	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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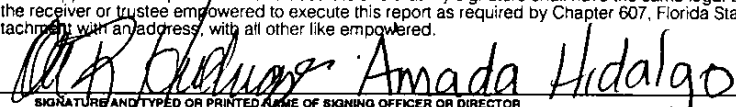
6. Name and Address of Current Registered Agent	
HIDALGO, AMADA 9419 FONTAINBLEAU BLVD #108 MIAMI, FL 33172	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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, the registered agent.	
SIGNATURE 	President 1/29/07
(NOTE: Registered Agent signature required when reinstating)	

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HIDALGO, AMADA R 9419 FOUNTAINBLEAU BLVD #108 MIAMI, FL 33172 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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
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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 607, 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:  Amada Hidalgo	1/29/07 9820 305-267- Date Daytime Phone #



ATTACHMENT
Division of Corporations
600/2616
Annual Report

Annual Report Help

Document Number
P00000035717
Business Entity Name
INMIGRATION VISAS SERVICES INC.

FEI Number 650998148
FEI Number Status Listed Above Applied For Not Applicable
Certificate of Status Desired Yes ☒ No \$8.75 each
Election Campaign Financing Trust Fund Contribution Yes ☒ No

Principal Place of Business

Address 6856 W FLAGLER ST #FL-2
Suite, Apt. #, etc.
City, State MIAMI , FL
Zip Code & Country 33144

Mailing Address

Address 6856 W FLAGLER ST #FL-2
Suite, Apt. #, etc.
City, State MIAMI , FL
Zip Code & Country 33144

Name and Address of Registered Agent

Name (Last, First, Middle, Title) HIDALGO , AMADA ,
- OR -

Business to serve as RA

Address (PO Box is not acceptable) 9419 FONTAINBLEAU BLVD #108
Suite, Apt. #, etc.
City, State MIAMI , FL
Zip Code & Country 33172 US

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes **forgery** under s.831.06, Florida Statutes.

Officer/Director Name and Address

Our database can hold up to 6 officers/directors. If more than 6 officers/directors need to be made a part of the record, you cannot file the annual report online. You will need to download an annual report and list the additional officers/directors, title(s), name, and address on an attachment.

Title P
Name (Last, First, Middle, Title) HIDALGO, AMADA, R,

- OR -

Entity Name to serve as
Officer/Director

Street Address 9419 FOUNTAINBLEAU BLVD #108
City, State MIAMI, FL
Zip Code & Country 33172

Title
Name (Last, First, Middle, Title), , ,

- OR -

Entity Name to serve as
Officer/Director

Street Address
City, State,
Zip Code & Country

Title
Name (Last, First, Middle, Title), , ,

- OR -

Entity Name to serve as
Officer/Director

Street Address
City, State,
Zip Code & Country

Title
Name (Last, First, Middle, Title), , ,

- OR -

Entity Name to serve as
Officer/Director

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as
Officer/Director

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as
Officer/Director


Street Address

City, State

Zip Code & Country

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

Officer/Director Signature 

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.

Continue Reset

Start Over