2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000035717

1. Entity Name
INMIGRATION VISAS SERVICES INC.

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

DO NOT WRITE IN THIS SPACE

01082008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
65-0998148	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HIDALGO, AMADA
9419 FONTAINBLEAU BLVD #108
MIAMI, FL 33172

DO NOT WRITE IN THIS SPACE

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.

SIGNATURE **N/A**   **N/A**

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

000000784375
01/16/08-80052-002 150.00

10.   OFFICERS AND DIRECTORS

TITLE	P
NAME	HIDALGO, AMADA R
STREET ADDRESS	9419 FOUNTAINBLEAU BLVD #108
CITY-ST-ZIP	MIAMI, FL 33172

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____   1/8/08   (305-267-9820)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #