

2007 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Mar 15, 2007 8:00 am
Secretary of State

03-15-2007 90021 008 ***150.00

DOCUMENT # P01000043406

1. Entity Name

VICON INVESTMENTS, INC.



Principal Place of Business

P.O. BOX 14-3678

CORAL GABLES, FL 33114-3678

Mailing Address

P.O. BOX 14-3678

CORAL GABLES, FL 33114-3678



03132007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1097993

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROSADO, VIVIAN
3059 GRAND AVENUE STE. 340
COCONUT GROVE, FL 33133

**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

[Signature]
Signature, typed or printed name of registered agent and title if applicable.

Vivian Rosado

(NOTE: Registered Agent signature required when reinstating)

March 13, 2007

DATE

FILE NOW!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME ROSADO, CONCEPCION
STREET ADDRESS 1441 NW NORTH RIVER DRIVE
CITY - ST - ZIP MIAMI, FL 33125

TITLE VPD
NAME ROSADO, VIVIAN
STREET ADDRESS 1441 NW NORTH RIVER DRIVE
CITY - ST - ZIP MIAMI, FL 33125

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
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NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 13, 2007

DATE

305 609-8528

Daytime Phone #