


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 24, 2008 8:00 am**  
**Secretary of State**

01-24-2008 90046 047 \*\*\*150.00

<b>DOCUMENT # P01000043406</b>	
1. Entity Name <b>VICON INVESTMENTS, INC.</b>	

Principal Place of Business <b>P.O. BOX 14-3678- CORAL GABLES, FL 33144-3678-</b>	Mailing Address <b>P.O. BOX 14-3678- CORAL GABLES, FL 33144-3678</b>
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01212008 Chg-P CR2E034 (12/06)

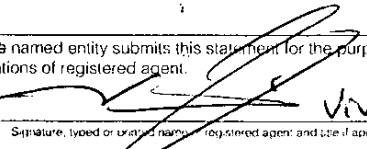
2. Principal Place of Business - No P.O. Box # <b>3235 Riviera Dr.</b>	3. Mailing Address <b>3235 Riviera Dr.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Coral Gables, FL</b>	City & State <b>Coral Gables, FL</b>
Zip <b>33134</b>	Country <b>USA</b>
Zip <b>33134</b>	Country <b>USA</b>

4. FEI Number <b>65-1097993</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>ROSADO, VIVIAN 3059 GRAND AVENUE STE. 340- COCONUT GROVE, FL 33133</b>	
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7. Name and Address of New Registered Agent Name <b>Vivian Rosado</b> Street Address (P.O. Box Number is Not Acceptable) <b>3235 Riviera Dr.</b> City <b>Coral Gables, FL</b> Zip Code <b>33134</b>	
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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  <b>Vivian Rosado, Vice President 1/21/08</b> Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) DATE	
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROSADO, CONCEPCION <del>1441 NW NORTH RIVER DRIVE</del> MIAMI, FL 33125 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ROSADO, VIVIAN <del>1441 NW NORTH RIVER DRIVE</del> MIAMI, FL 33125 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Rosado, Concepcion <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>3235 Riviera Dr.</b> <b>Coral Gables, FL 33134</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Rosado, Vivian <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>3235 Riviera Dr.</b> <b>Coral Gables, FL 33134</b>
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"/> Change <input type="checkbox"/> Addition
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"/> 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:  <b>Vivian Rosado, Vice President 1/21/08 (305) 609-8528</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date
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