

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 06, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000030153

1. Entity Name
VISIONSCAPE CORPORATION



Principal Place of Business

1221 BRICKELL AVE
STE 900
MIAMI, FL 33131

Mailing Address

1221 BRICKELL AVENUE
SUITE 900
MIAMI, FL 33131



01312006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
01-0668865

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MIGOYA, RONALD J
1990 BRICKELL AVENUE
SUITE H
MIAMI, FL 33129

**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, 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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE V
NAME NARCISO-MIGOYA, ANABELLA
STREET ADDRESS 1990 BRICKELL AVENUE SUITE H
CITY-ST-ZIP MIAMI, FL 33129

TITLE P
NAME MIGOYA, RONALD J
STREET ADDRESS 1990 BRICKELL AVENUE SUITE H
CITY-ST-ZIP MIAMI, FL 33129

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

U00000422714
02/17/06-80027-013 150.00

**DO NOT WRITE
IN THIS SPACE**

Ronald Migoya was re-added as president. Due to clerical error, he was removed when the 2004 annual report was filed. SPT 7/7/06

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/1/06

786.299.3319