


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 24, 2005 8:00 am
Secretary of State

03-24-2005 90045 016 ***150.00

DOCUMENT # P02000042094 1. Entity Name Gold Vision Design Eyewear, Inc.	
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DO NOT WRITE IN THIS SPACE

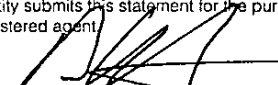
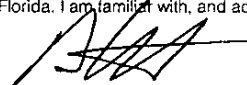
50030419

2. Principal Place of Business 2400 W 84 St Suite, Apt. #, etc. # 14		3. Mailing Address P.O. Box 142082 Suite, Apt. #, etc.	
City & State Hialeah, FL		City & State Coral Gables, FL	
Zip 33016	Country Miami-Dade	Zip 33114	Country Miami-Dade

DO NOT WRITE IN THIS SPACE

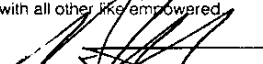
4. FEI Number 01-0686466		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name Polanco, Alexander	
	Street Address (P.O. Box Number is Not Acceptable) 18112 NW 91 CT	
	City Miami	FL Zip Code 33018

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 	DATE 3/18/05 
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	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			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Polanco, Alexander / PD 18112 NW 91 CT Miami, FL 33018	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Alcantuz, Juliana / VP 18112 NW 91 CT Miami, FL 33018	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.	
SIGNATURE: 	DATE 3/18/05 * 305-827-4633
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Daytime Phone #</small>

CR2E034B (12/02)