



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90383 023 ***150.00

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DOCUMENT # P02000106243 1. Entity Name OPTIVON, INC.					
Principal Place of Business 3209 COUNTRYSIDE VIEW DRIVE SAINT CLOUD, FL 34772 US			Mailing Address 3209 COUNTRYSIDE VIEW DRIVE SAINT CLOUD, FL 34772 US		
2. Principal Place of Business 7380 Sand Lake Road Suite, Apt. #, etc. Suite 500 City & State Orlando, Fla. Zip 32819 Country USA		3. Mailing Address 7380 Sand Lake Road Suite, Apt. #, etc. Suite 500 City & State Orlando, Fla. Zip 32819 Country USA			
4. FEI Number 52-2380891				Chg-P CR2E034 (10/03) Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent MORALES, RAFAEL 3209 COUNTRYSIDE VIEW DRIVE SAINT CLOUD, FL 34772	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROMERO, LUIS G 3209 COUNTRYSIDE VIEW DR. SAINT CLOUD, FL 34772	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Romero, Luis G 7380 Sand Lake Rd. Suite 500 Orlando, Fla 32819	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MORALES, RAFAEL 3209 COUNTRYSIDE VIEW DR. SAINT CLOUD, FL 34772	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		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"/> Delete		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 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 4/25/05 Daytime Phone # 787-792-2323		