2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 16, 2004 8:00 am
Secretary of State

07-29-2004 90005 022 ***150.00
05-05-2004 90248 049 ***150.00

66431957

MOORE CR2E034 (4/04)

DOCUMENT # P03000018049

1. Entity Name
DOUBLE VISION, INC.

Principal Place of Business	Mailing Address
500 SE SIXTH ST STE 100 FT LAUDERDALE FL 33301	500 SE SIXTH ST STE 100 FT LAUDERDALE FL 33301

2. Principal Place of Business	3. Mailing Address
3875 Shipping Ave	3875 Shipping Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI, FLA	City & State: MIAMI, FLA
Zip: 33146 Country: DADE	Zip: 33146 Country: DADE

4. FEI Number: 14-1872002 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GOUZE, PHILIP J
500 SE SIXTH ST STE 100
FT LAUDERDALE FL 33301

7. Name and Address of New Registered Agent

Name: JOHN J. THOMAS
Street Address (P.O. Box Number is Not Acceptable): 3875 Shipping Ave
City: MIAMI FL Zip Code: 33146

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] 7/26/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $550.00
DUE BY September 8, 2004
Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the $400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is $150.00. ☒

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PT	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	STANTON, RICHARD K		NAME		
STREET ADDRESS	TWO ALHAMBRA PLAZA, SUITE 508		STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL 33134		CITY-ST-ZIP		
TITLE	VS	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	THOMAS, JOHN		NAME		
STREET ADDRESS	C/O TWO ALHAMBRA PLAZA, SUITE 508		STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL 33134		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
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CITY-ST-ZIP			CITY-ST-ZIP		
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: [signature] JOHN J. THOMAS 7/26/04 (305) 446-8344
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #