2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 23, 2004 8:00 am Secretary of State DOCUMENT # P03000028590 1. Entity Name 04-23-2004 90240 015 ***150.00 VISION INTERNATIONAL PROPERTIES, INC. Principal Place of Business Mailing Address C/O LEYLA SEMENOV 133 N. POMPANO BEACH BOULEVARD APT. C/O LEYLA SEMENOV 133 N. POMPANO BEACH BOULEVARD APT. # POMPANO BEACH FL 33062 94061990 POMPANO BEACH FL 33062 2. Principal Place of Business 2124 NE 16 A Suite, Apt. #, etc. 3. Mailing Address 2/24 NE 16 Ave Suite, Apt. #, etc. CR2E034 (11/03) Wilton Manors 4. FEI Number Applied For Vilton Manor 81-0602255 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MORRONGIELLO, JOE Street Address (P.O. Box Number is Not Acceptable) 831 SE 2ND TERRACE POMPANO BEACH FL 33060 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 04-17.04 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. eyla Semendi TITLE TITLE ☐ Delete NAME SEMENOV, LEYLA NAME STREET ADDRESS 133 N. POMPANO BEACH BLVD. APT. 101 STREET ADDRESS POMPANO BEACH FL 33062 CITY-ST-ZIP ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP City-St-7iP ☐ Addition TITLE Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby 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. 4.17.04

FILED