


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

1082

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 DEC 13 AM 8:00

DOCUMENT # **P03000033583**
 1. Entity Name
VISION DESIGN, INC



DO NOT WRITE IN THIS SPACE

REINSTATEMENT 04

2. Principal Place of Business
17580 NW 67 PL
 Suite, Apt. #, etc.
L
 City & State
HAIALEAH, FL
 Zip
33015 Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

DO NOT WRITE IN THIS SPACE

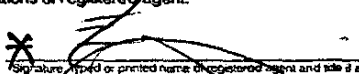
MRS

DO NOT WRITE IN THIS SPACE

4. FEI Number **81-0604544** Applied For
 Not Applicable

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

7. Name and Address of Current Registered Agent
 Name **PAMIREZ EDILBERTO A SR**
 Street Address (P.O. Box Number is Not Acceptable)
17580 NW 67 PL # L
 City **HAIALEAH** FL Zip Code **33015**

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 **12/04/2004**
(Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))

January 1 - May 1 Fee is \$750.00
 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. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP PAMIREZ EDILBERTO A SR. 17580 NW 67 PL # L HAIALEAH, FL 33015	TITLE NAME STREET ADDRESS CITY-ST-ZIP DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP V.P. RICHAS YOLANDA 17580 NW 67 PL # L HAIALEAH, FL 33015	TITLE NAME STREET ADDRESS CITY-ST-ZIP DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP 500043366035 12/13/04--01060--015 **158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 **12/04/2004** 786-488-
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034B (12/02)

2077

December 04, 2004

Uniform Business Report
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302


Re: Uniform Business Report
Vision Design, Inc
P03000033583

Dear Sirs:

Attached please find Business Report for above mention Corporation and check in the amount of \$ 158.75

We did not receive the 2004 Business report in time to file. Please accept the attached check in the amount of \$ 158.75 for 2004 Uniform Business Report and certificate of Status.

If further information is needed please contact me.


Edilberto Ramirez
Resident
17580 NW 67 Pl #L
Hialeah, FL 33015