

# 2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P03000040739

1. Entity Name  
IN-VISION PARTNERS, INC.



Principal Place of Business  
6010 NW 44 AVE  
COCONUT CREEK, FL 33073

Mailing Address  
6574 NORTH STATE ROAD 7 STE 139  
COCONUT CREEK, FL 33073

FILED

07 JUL -2 AM 9:20

CLERK OF STATE  
TALLAHASSEE, FLORIDA



06272007 Chg-P CR2E034 (12/06)

4. FEI Number  
05-0564651

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145

## 7. Name and Address of New Registered Agent

Name Kathy Manfredi  
Street Address (P.O. Box Number is Not Acceptable)  
6574 N State Rd 7 Suite 139  
City Coconut Creek FL Zip Code 33073

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

Kathy Manfredi Kathy Manfredi

6/27/07

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

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

## 10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME MANFREDI, KEN  
STREET ADDRESS 6574 NORTH STATE ROAD 7 STE 139  
CITY-ST-ZIP COCONUT CREEK, FL 33073

TITLE VP ☐ Delete  
NAME STURCH, JENNIFER  
STREET ADDRESS 6010 NW 44 AVE  
CITY-ST-ZIP COCONUT CREEK, FL 33073

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE T ☐ Change ☒ Addition  
NAME Kenneth Buzzi  
STREET ADDRESS 950 Windmill Lane  
CITY-ST-ZIP Evans Ga 30809

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 700105642877  
CITY-ST-ZIP 07/06/07--01055--016 \*\*61.25

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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, in all other like empowered.

SIGNATURE:

Kenneth Manfredi

6/27/07 954-903-0529

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #