

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000084944

Entity Name: VISION OPTICS INC.

FILED
Apr 29, 2006
Secretary of State

Current Principal Place of Business:

18830 WEST OAKMONT DRIVE
MIAMI, FL 33015

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 171254
HIALEAH, FL 33017

New Mailing Address:

FEI Number: 56-2387714

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BERNAL, ISABEL
P.O. BOX 171254
HIALEAH, FL 33017 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P.D () Delete
Name: SOSA, MANUEL
Address: P.O. BOX 171254
City-St-Zip: HIALEAH, FL 33017 US

Title: VPTD () Delete
Name: BERNAL, ISABEL
Address: 18830 WEST OAKMONT DRIVE
City-St-Zip: MIAMI, FL 33015 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ISABEL BERNAL

VPTD

04/29/2006

Electronic Signature of Signing Officer or Director

Date