

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000109183

FILED
Jul 12, 2007
Secretary of State

Entity Name: GLOBAL VISION PARTNERS, INC.

Current Principal Place of Business:

2200 LAKE IDA ROAD
2 C
DELRAY BEACH, FL 33445

Current Mailing Address:

4699 N. STATE ROAD 7
T
TAMARAC, FL 33319

New Principal Place of Business:

600 N CONGRESS AVENUE
120
DELRAY BEACH, FL 33445

New Mailing Address:

4699 NORTH STATE ROAD 7
T
TAMARAC, FL 33319

FEI Number: 65-1205587

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OCTAVE, VENES
583 NW 47TH AVE
DERAY BEACH, FL, FL 33428 US

Name and Address of New Registered Agent:

OCTAVE, VENES
19622 DINNER KEY DRIVE
BOCA RATON, FL 33498 US

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: VENES OCTAVE

07/12/2007

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: OCTAVE, VENES
Address: 583 NW 47TH AVE
City-St-Zip: DELRAY BEACH, FL 33445

Title: DV () Delete
Name: MICHEL, FRISNIQUE
Address: 6147 NW GATUN DRIVE
City-St-Zip: PORT ST LUCIE, FL 34983

Title: SD () Delete
Name: OCTAVE, VANIA D
Address: 580 NW 47TH AVENUE
City-St-Zip: DELRAY BEACH, FL 33445

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: OCTAVE, VENES
Address: 19622 DINNER KEY DRIVE
City-St-Zip: BOCA RATON, FL 33498

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

Title: SD (X) Change () Addition
Name: OCTAVE, VANIA D
Address: 19622 DINNER KEY DRIVE
City-St-Zip: BOCA RATON, FL 33498

I hereby certify that the information supplied with this filing does not qualify 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: VENES OCTAVE

PD

07/12/2007

Electronic Signature of Signing Officer or Director

Date