## 2006 FOR PROFIT CORPORATION

## **FILED** Feb 27, 2006 08:00 AM

ANNUAL REPORT				Secretary of State		
DOCUMENT # P03000111254  1. Entity Name VISI CONSTRUCTION CORP.					Secret	
Principal Place of 8 2018 SW 138TH C MIAMI, FL 33175	<b>3</b> T	Malling Address 2018 SW 138TH CT MIAMI, FL 33175				NTER WEST HERE FROM SAME SAMES IN SEE
DO	O2072006 No Chg-P CRZE034 (11/05)  4. FEI Number Applied For Not Applicable  32-0096833 Not Applicable  5. Certificate of Status Desired \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent SOBRADO, RAMON 2018 SW 138TH CT MIAMI, FL 33175			DO NOT WRITE IN THIS SPACE			
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  Signature, types or printed name of registered agent and title if applicable.  SIGNATURE  Signature, types or printed name of registered agent and title if applicable.  SIGNATURE  Signature, types or printed name of registered agent and title if applicable.  Signature required when relinational OACE						
FILE NOWILL FEE IS \$150.00  After May 1, 2006 Fee will be \$550.00  10.  OFFICERS AND DIRECTORS				.00 May Be led to Fees		
TITLE PSE NAME SOE SIREET ADDRESS 201: CITY-ST-ZIP MIA					1401 B 1002	48077
STREET ADDRESS 201	BRADO, LEONOR 8 SW 138TH CT IMI, FL 33175				03/08/06 6	48077 10083-003 158.75
NAME STREET ADDRESS CITY -ST - ZIP					NOT WE	
NAME STREET ADDRESS CITY-ST-ZIP				118	inio ori	ACE
NAME STREET ADDRESS CITY-ST-ZIP						
NAME STREET ADDRESS CITY-ST-ZIP						

12. Thereby certify that the information supplied with this lifting 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, with all other like empowered.

SIGNATURE: RAMON SOBRADO SIGNATOFFICER OF DIRECTOR