## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

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## Mar 08, 2005 8:00 am Secretary of State DOCUMENT # P03000116883 1. Entity Name 03-08-2005 90182 001 \*\*\*150.00 DOCUVISION INCORPORATED Principal Place of Business Mailing Address 4013 NW 79TH AVENUE 4013 NW 79TH AVENUE UCCCAUUL MIAMI, FL 33166 MIAMI, FL 33166 2. Principal Place of Business tacienda BA Hacienda Blvd 03012005 CR2E034 (10/03) 4. FEI Number Applied For 33-1075383 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent LEVEN, JOHN 4013-NW 70TH AVENUE MIAMI, FL-33166-8. The above named entity sypmits this statement for the purpose of changing its régistered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of register (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Change ☐ Addition HILE □ Delete TITLE Leven John S. 3/050' Hacienda Blvd., Suite F LEVEN, JOHN S NAME NAME STREET ADDRESS 4013 NW 79TH AVENUE STREET ADDRESS Davie FL CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 33166 ☐ Delete TITLE ☐ Change TITLE Brodmerkel James R # 13650 Hacienda Blvd., Suite F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE TITLE ☐ Defete HAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

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