

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2006 8:00 a
Secretary of State

03-06-2006 90009 032 ***150.00

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Entity Name
CCUVISION, INC.



Principal Place of Business
111 BRICKELL AVE STE 2150
MIAMI, FL 33131

Mailing Address
1111 BRICKELL AVE STE 2150
MIAMI, FL 33131

4001



Principal Place of Business
550 Biltmore Way
Suite, Apt. #, etc.
Suite 105
City & State
Coral Gables, FL
Zip
33134
Country
US

3. Mailing Address
550 Biltmore Way
Suite, Apt. #, etc.
Suite 105
City & State
Coral Gables FL
Zip
33134
Country
US

02212006 Chg-P CR2E034 (11/05)

4. FEI Number
76-0752141
Applied For
Not Applicable

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

8. Name and Address of Current Registered Agent
LUCKER, MARIA T
111 BRICKELL AVE STE 2150
MIAMI, FL 33131

7. Name and Address of New Registered Agent
Name
MARIA T. BAKIA
Street Address (P.O. Box Number is Not Acceptable)
550 Biltmore Way Suite 105
City
Coral Gables FL Zip Code
33134

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 *Maria T. Bacia* (NOTE: Registered Agent signature required when reinstating)

3/1/06
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D-P WALLACE, MILTON J 1111 BRICKELL AVE STE 2150 MIAMI, FL 33131	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	550 Biltmore Way, Suite 105 Coral Gables, FL 33134	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

2. 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, with all other like empowered.

SIGNATURE:

Milton J. Wallace
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #