


FILED
Jan 18, 2005 8:00 am
Secretary of State

01-18-2005 90054 026 ***150.00

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P04000070303 1. Entity Name VISION CANDLES, INC.		
Principal Place of Business 1595 W 56 PLACE HIALEAH, FL 33012		Mailing Address 1595 W 56 PLACE HIALEAH, FL 33012
2. Principal Place of Business 7363 NW 36TH AVE <small>Suite, Apt. #, etc.</small>		3. Mailing Address 7363 NW 36TH AVE <small>Suite, Apt. #, etc.</small>
City & State MIAMI FL		City & State MIAMI FL
Zip 33147	Country MIAMI - DADE	4. FEI Number 55-0869505
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable
6. Name and Address of Current Registered Agent GARCIA, JOSE E 1595 W 56 PLACE HIALEAH, FL 33012		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE D	NAME GARCIA, JOSE E	TITLE OFFICER
STREET ADDRESS 1595 W 56 PLACE	CITY-ST-ZIP HIALEAH, FL 33012	NAME JOSE A. MIRALLES
CITY-ST-ZIP HIALEAH, FL 33012	STREET ADDRESS 1750 N.W. 179 ST.	CITY-ST-ZIP MIAMI, FL 33015
TITLE <small>Delete</small>	NAME <small>Change</small>	TITLE <small>Change</small>
STREET ADDRESS <small>Delete</small>	STREET ADDRESS <small>Change</small>	STREET ADDRESS <small>Change</small>
CITY-ST-ZIP <small>Delete</small>	CITY-ST-ZIP <small>Change</small>	CITY-ST-ZIP <small>Change</small>
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CITY-ST-ZIP <small>Delete</small>	CITY-ST-ZIP <small>Change</small>	CITY-ST-ZIP <small>Change</small>
TITLE <small>Delete</small>	NAME <small>Change</small>	TITLE <small>Change</small>
STREET ADDRESS <small>Delete</small>	STREET ADDRESS <small>Change</small>	STREET ADDRESS <small>Change</small>
CITY-ST-ZIP <small>Delete</small>	CITY-ST-ZIP <small>Change</small>	CITY-ST-ZIP <small>Change</small>
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.		
SIGNATURE: <i>Jose P Garcia</i>		Date: <i>1/13/05</i>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Daytime Phone #: <i>(305) 836-8650</i>

40002675



01062005 Chg-P CR2E034 (10/03)