2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2009
Secretary of State

DOCUMENT# P04000120854

Entity Name: VISUAL MAP, INC.

Current Principal Place of Business:

C/O GONZALO FERNANDEZ CRIADO
1000 WEST AVE., SUITE 718
MIAMI BEACH, FL 33139

New Principal Place of Business:

Current Mailing Address:

C/O GONZALO FERNANDEZ CRIADO
1000 WEST AVE., SUITE 718
MIAMI BEACH, FL 33139

New Mailing Address:

FEI Number: 20-1519971 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FERNANDEZ CRIADO, GONZALO
1000 WEST AVENUE
SUITE 718
MIAMI BEACH, FL 33139 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	PRES	( ) Delete
Name:	FERNANDEZ CRIADO, GONZALO	
Address:	1000 WEST AVE., SUITE 718	
City-St-Zip:	MIAMI BEACH, FL 33139	
Title:	D	( ) Delete
Name:	FERNANDEZ CRIADO, GONZALO	
Address:	1000 WEST AVE., SUITE 718	
City-St-Zip:	MIAMI BEACH, FL 33139	
Title:	VD	( ) Delete
Name:	FERNANDEZ CRIADO, MARCELINO	
Address:	AV. BOLIVAR, CENTRO COMERCIAL CCM, 1ER PIS	
City-St-Zip:	NUEVA ESPARTA, 6301-113, VZ,	
Title:	D	( ) Delete
Name:	FERNANDEZ CRIADO, MARTIN	
Address:	AV. BOLIVAR, CENTRO COMERCIAL CCM, 1ER PIS	
City-St-Zip:	NUEVA ESPARTA, 6301-113, VZ,	
Title:	D	( ) Delete
Name:	FERNANDEZ CRIADO, MARTIN ALEJ.	
Address:	AV. BOLIVAR, CENTRO COMERCIAL CCM, 1ER PIS	
City-St-Zip:	NUEVA ESPARTA, 6301-113, VZ,	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: GONZALO FERNANDEZ CRIADO PRES 04/20/2009

Electronic Signature of Signing Officer or Director — Date