_2006 FOR PROFIT CORPORATION
"ANNUAL REPORT (AR)

Margaret J. Lewis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF

SIGNATURE:

FILED DOCUMENT # P05000162924 Apr 27, 2006 08:00 AN Secretary of State AMERICA'S IMMIGRATION VISAS, INC. Principal Place of Business Mailing Address 17830 N.E. 5TH AVENUE NORTH MIAMI BEACH FL 33162 17830 N.E. 5TH AVENUE NORTH MIAMI BEACH FL 33162 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/05) 1st MOORE Applied For City & State City & State 4. FEI Number Not Applicable 86-1153857 \$8.75 Additional Country Zip Country Ζıp 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name LEWIS, MARGARET JEAN Street Address (P.O. Box Number is Not Acceptable) 17830 N.E. 5TH AVENUE NORTH MIAMI BEACH FL 33162 City 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 Lewi FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. ☐ Change ☐ Addition THE TITLE CEOC Delete MAIN NAME LEWIS, MARGARET JEAN STREET ADDRESS U00000539320 STREET ADDRESS 5351 W MCNAB ROAD CITY-SI-ZIP CITY-ST-ZIP NORTH LAUDERDALE FL 33068 05/09/06-80095-015 150.00 ☐ Change ☐ Addition TITLE ☐ Delete TATLE MARKE NAME LEWIS, MARGARET JEAN STREET ADDRESS STREET ADDRESS 17830 N.E. 5TH AVENUE CUY-ST-782 CITY-ST-ZIP NORTH MIAMI BEACH FL 33162 ☐ Change ☐ Address THLE Delete ٧Đ NAM LEWIS, SILIENA DENISE NAME STREET ADDRESS STREET ADDRESS 3120 N.W. 205TH TERRACE CHY-SI-7IP CHY-ST-ZIP OPA LOCKA FL 33056 Change Additio Delete THE THILE STD NAME LEWIS, ELLIE BOBY JR. NAME STREET ADDRESS STREET ADDRESS 2951 SUNRISE LAKE DRIVE E., APT. 204 CITY-ST-ZIP CITY-ST-ZIP SUNRISE FL 33322 Addres: TITLE ☐ Delete Change MAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP ☐ Change ■ AddC ☐ Delete HULE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST- ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

April 25,

Davtime Phone #