

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000018669

Entity Name: SPACIAL VISIONZ, INC.

FILED  
Feb 20, 2009  
Secretary of State

## Current Principal Place of Business:

15763 SW 145TH CT  
MIAMI, FL 33177

## New Principal Place of Business:

## Current Mailing Address:

15763 SW 145TH CT  
MIAMI, FL 33177

## New Mailing Address:

FEI Number: 42-1692789

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GOMEZ, ANTONIO E  
9720 SW 124TH CT  
MIAMI, FL, FL 33186 US

## Name and Address of New Registered Agent:

GOMEZ, ANTONIO E  
9720 SW 124TH CT  
MIAMI, FL 33186 US

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:

02/20/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: PERKINS, EDWIN A  
Address: 15763 SW 145TH CT  
City-St-Zip: MIAMI, FL 33177

Title: P ( ) Delete  
Name: RIVERA, HERNAN  
Address: 4837 SW 136 PL,  
City-St-Zip: MIAMI, FL 33175 US

Title: P ( ) Delete  
Name: GIL, RUBEN  
Address: 10845 SW 112 AVE, APT 318  
City-St-Zip: MIAMI, FL 33176 US

## 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:

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: EDWIN A PERKINS

P

02/20/2009

Electronic Signature of Signing Officer or Director

Date