


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90815 007 ***150.00

DOCUMENT # P06000042023 1. Entity Name SECURITY VISION USA, INC.	
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Principal Place of Business 4005 NW 114 AVE STE 17 MIAMI, FL 33178	Mailing Address 4005 NW 114 AVE STE 17 MIAMI, FL 33178
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2. Principal Place of Business - No P.O. Box # 10800 NW 25 St.	3. Mailing Address 11450 NW 60 Terrace
Suite, Apt. #, etc.	Suite, Apt. #, etc. #295
City & State Miami, FL	City & State Miami
Zip 33172	Country USA

40091320



04272007 Chg-P CR2E034 (12/06)

4. FEI Number 204568846	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent GARCIA, CAROLINA 11450 NW 60 TERRACE #295 MIAMI, FL 33178

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 Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
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FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																
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12. 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: 	04/27/07	786 970 9940
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #