


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 08, 2008 8:00 am**  
**Secretary of State**


02-08-2008 90037 046 \*\*\*150.00

DOCUMENT # P06000047329	
1. Entity Name VISO & VISO CO.	

Principal Place of Business 2750 N. 29TH AVENUE 309-A HOLLYWOOD, FL 33020	Mailing Address P.O. BOX 267055 WESTON, FL 33326
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2. Principal Place of Business - No P.O. Box # 16950 NORTH BAY ROAD	3. Mailing Address 16950 NORTH BAY ROAD
Suite, Apt. #, etc. UNIT 514	Suite, Apt. #, etc. UNIT 514
City & State SUNNY ISLES BEACH, FL	City & State SUNNY ISLES BEACH, FL
Zip 33160	Country

400211~



01262008 Chg-P CR2E034 (12/06)

4. FEI Number 20-4689964	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent VISO, ALFREDO R PD 2750 N. 29TH AVENUE SUITE 309-A HOLLYWOOD, FL 33020	7. Name and Address of New Registered Agent Name FERNANDO VISO Street Address (P.O. Box Number is Not Acceptable) 16950 NORTH BAY RD. UNIT 514 SUNNY ISLES BEACH City FL Zip Code 33160
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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.

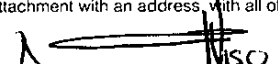
SIGNATURE  FERNANDO VISO DATE FEB 04-08

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VISO, ALFREDO R PD 2750 N. 29TH AVENUE, SUITE 309-A HOLLYWOOD, FL 33020 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MARIA C. VIVAS 16950 NORTH BAY RD. UNIT 514 SUNNY ISLES BEACH FL 33160 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD VISO, FERNANDO 2750 N. 29TH AVENUE, SUITE 309-A HOLLYWOOD, FL 33020 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FERNANDO VISO 16950 NORTH BAY RD. UNIT 514 SUNNY ISLES BEACH FL 33160 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  FERNANDO VISO DATE FEB 04-08 DAYTIME PHONE 9546610592

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR