2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000089123

Title:

Name:

Address:

City-St-Zip:

DR.

(X) Delete

CHERFILS, MICHEL

535 TOWN RD. SW

PALM BAY, FL 32909

Entity Name: RADIO VISION PALM BAY, INC.

FILED Apr 06, 2007 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
1860 OLD OKEECHOBEE RD 511				5030 MINTON RD NW UNIT D-4			
WEST PALM BEACH, FL 33409				PALM BAY, FL 32907			
Current Mailing Address:				New Mailing Address:			
1860 OLD OKEECHOBEE RD 511				5030 MINTON RD NW			
WEST PALM BEACH, FL 33409				UNIT D-4 PALM BAY, FL 32907			
FEI Number: 20-5350755		FEI Number Applied For ()	FEI Num	mber Not Applicable ()		Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
GRANDOIT 4690 LIPSC 6F PALM BAY,							
The above in the State		ıbmits this statement for the pu	rpose of	changing it	s registered	d office or registered agent, or both,	
SIGNATUR	E:						
Electronic Signature of Registered Agent				Date			
Election Cam	paign Financing 1	Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	LEGER, JAMES	Delete CHOBEE RD, SUITE 511 ACH, FL 33409	Title: () Change () Addition Name: Address: City-St-Zip:		() Change () Addition		
Title: Name: Address: City-St-Zip:	VP () D BEHRMANN, JAC 2835 HARD WAY MALABAR, FL 32	LN		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	DR () D SAINT LOUIS, GA 1816 WATSON A PALM BAY, FL 3	VE SE		Title: Name: Address: City-St-Zip:	DR GRANDOIT, 4690 LIPSC PALM BAY,	COMB ST STE 6F	
Title: Name: Address: City-St-Zip:	DR. () C GRANDOIT, HIRA 2252 GLASBERN WEST MELBOUR	I CIRCLE		Title: Name: Address: City-St-Zip:	DR. CHERFILS, 535 TOWN I PALM BAY,	RD SW	

I hereby certify that the information supplied with this filing does not qualify for the 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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: JAMES LEGER P 04/06/2007

() Change () Addition