

2007

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

**FILED
May 01, 2007 8:00 am
Secretary of State**

05-01-2007 90029 045 ***150.00

DOCUMENT # P06000144744	
1. Entity Name Visionem LC Corp.	

DO NOT WRITE IN THIS SPACE

40095480

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2. Principal Place of Business 7300 N.W. 19th St. Suite, Apt. #, etc. Suite 101 City & State Miami, FL Zip 33126-1222	3. Mailing Address 7300 N.W. 19th St. Suite, Apt. #, etc. Suite 101 City & State Miami, FL Zip 33126-1222	4. FEI Number 20-5902411	Applied For <input type="checkbox"/> Not Applicable
Country USA	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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7. Name and Address of Current Registered Agent

Name del Valle, Manuel R.
Street Address (P.O. Box Number is Not Acceptable) 7300 N.W. 19th St.
Suite Suite 101
City Miami
State FL
Zip Code 33126-1222

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**January 1 - May 1, Fee is \$150.00****After May 1, Fee is \$550.00****Amended UBR is \$61.25****Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME D/P Cadena, Jaime A. STREET ADDRESS Calle 134, #7B-83, Oficina 1021 CITY - ST - ZIP Bogota, Colombia	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME D/S Duarte, Martha L. STREET ADDRESS Calle 134, #7B-83, Oficina 1021 CITY - ST - ZIP Bogota, Colombia	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME D/T Motta, Raul STREET ADDRESS Calle 134, #7B-83, Oficina 1021 CITY - ST - ZIP Bogota, Colombia	TITLE NAME STREET ADDRESS CITY - ST - ZIP
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Jaime A. Caden

4/16/07

305-477-6116

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #