2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000144744

Entity Name: VISIONEM LC CORP

City-St-Zip:

BOGOTA, COLOMBIA, OC

FILED Mar 04, 2008 Secretary of State

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Current Principal Place of Business:				New Principal Place of Business:		
7300 NW 19TH ST., SUITE 101 MIAMI, FL 331261222				2121 PONCE DE LEON BLVD STE 240 CORAL GABLES, FL 33134		
Current Mailing Address:				New Mailing Address:		
7300 NW 19TH ST., SUITE 101 MIAMI, FL 331261222				2121 PONCE DE LEON BLVD STE 240 CORAL GABLES, FL 33134		
FEI Number:	20-5902411	FEI Number Applied For ()	FEI Num	ber Not Applicable ()	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
DEL VALLE, MANUEL R 7300 NW 19TH ST., SUITE 101 MIAMI, FL 331261222 US				PRATS FERNANDEZ & CO PA 2121 PONCE DE LEON BLVD STE 240 CORAL GABLES, FL 33134 US		
The above in the State	named entity e of Florida.	submits this statement for the	purpose of	changing its registere	ed office or registered agent, or both,	
SIGNATURE: GABRIEL PRATS				03/04/2008		
Electronic Signature of Registered Agent				Date		
Election Can	npaign Financin	g Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	CADENA, JAIN). 7B-83, OFICINA 153		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DUARTE, MAR). 7B-83, OFICINA 153		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	MOTTA, RAUL) Delete). 7B-83. OFICINA 1021		Title: Name: Address:	() Change () Addition	

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.

City-St-Zip:

SIGNATURE: JAIME A. CADENA DP 03/04/2008