

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000144744

Entity Name: VISIONEM LC CORP.

FILED
Apr 17, 2009
Secretary of State

Current Principal Place of Business:

2121 PONCE DE LEON BLVD
STE 240
CORAL GABLES, FL 33134

Current Mailing Address:

2121 PONCE DE LEON BLVD
STE 240
CORAL GABLES, FL 33134

New Principal Place of Business:

2121 PONCE DE LEON BLVD
STE 240
CORAL GABLES, FL 33134 US

New Mailing Address:

2121 PONCE DE LEON BLVD
STE 240
CORAL GABLES, FL 33134 US

FEI Number: 20-5902411

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PRATS FERNANDEZ & CO PA
GABRIEL PRATS
2121 PONCE DE LEON BLVD STE 240
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: CADENA, JAIME A
Address: CALLE 134 NO. 7B-83, OFICINA 153
City-St-Zip: BOGOTA, COLOMBIA, OC

Title: DS () Delete
Name: DUARTE, MARTHA L
Address: CALLE 134 NO. 7B-83, OFICINA 153
City-St-Zip: BOGOTA, COLOMBIA, OC

Title: DT () Delete
Name: MOTTA, RAUL
Address: CALLE 134 NO. 7B-83, OFICINA 1021
City-St-Zip: BOGOTA, COLOMBIA, OC

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: JAIME A CADENA

DP

04/17/2009

Electronic Signature of Signing Officer or Director

Date