
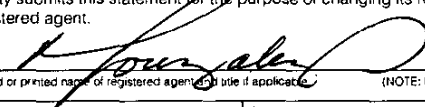
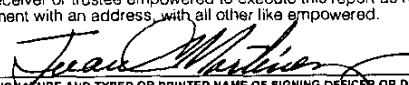


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2008 8:00 am
Secretary of State

02-06-2008 90033 008 ***150.00

DOCUMENT # P07000132732 1. Entity Name VISIONARY INVESTMENT USA CORP					
Principal Place of Business 2468 EAGLE RUN WAY WESTON, FL 33327			Mailing Address 2468 EAGLE RUN WAY WESTON, FL 33327		
2. Principal Place of Business - No P.O. Box # 18615 NW 84 PL Suite, Apt. #, etc. 101		3. Mailing Address 4844 SW 152 COURT Suite, Apt. #, etc. 101			
City & State MIAMI GARDENS FL		City & State MIAMI FL		4. FEI Number 26-1585463	
Zip 33015		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GONZALEZ, MARIA A 6471 SW 6TH STREET MIAMI, FL 33144			7. Name and Address of New Registered Agent Name MARIA A GONZALEZ Street Address (P.O. Box Number is Not Acceptable) 4844 SW 152 COURT 101 City MIAMI FL Zip Code 33185		
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  DATE 02/02/2008 <small>Signature, typed or printed name of registered agent with title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
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		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P NAME MARTINEZ, JUAN C STREET ADDRESS 2468 EAGLE RUN WAY CITY-ST-ZIP WESTON, FL 33327	<input type="checkbox"/> Delete		TITLE P NAME MARTINEZ, JUAN C STREET ADDRESS 18615 NW 84 PL #101 CITY-ST-ZIP MIAMI GARDENS FL 33015	<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	
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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: 			02-02-08 (786) 556-3424 Date Daytime Phone #		