

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000080173

Entity Name: RESGATE VISUAL, INC

**FILED**  
**Mar 01, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

8421 S ORANGE BLOSSOM TRAIL  
SUITE 112  
ORLANDO, FL 32809

**New Principal Place of Business:**

**Current Mailing Address:**

8421 S ORANGE BLOSSOM TRAIL  
SUITE 112  
ORLANDO, FL 32809

**New Mailing Address:**

FEI Number: 27-1018287

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MARQUES, NEIVA  
8421 S ORANGE BLOSSOM TRAIL  
SUITE 112  
ORLANDO, FL 32809 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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: INSTITUTO BELEZA RESGATE VISUAL LTD  
Address: AV DAS AMERICAS 7607 SUITES 155/156  
City-St-Zip: RIO DE JANEIRO, RJ 22793 XX

Title: VP  
Name: MARQUES, NEIVA  
Address: 3016 CAPRI ISLE WAY  
City-St-Zip: ORLANDO, FL 32835

I hereby 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 all other like empowered.

SIGNATURE: NEIVA MARQUES

P

03/01/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date