

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000033893

Entity Name: VIAVOX INC.

**FILED**  
**Mar 15, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

509 PINE ST  
ORLANDO, FL 32824

**New Principal Place of Business:**

**Current Mailing Address:**

509 PINE ST  
ORLANDO, FL 32824

**New Mailing Address:**

P O BOX 771191  
ORLANDO, FL 32877

FEI Number: 27-2428358

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

VILLARRAGA, NELSON  
509 PINE STREET  
ORLANDO, FL 32824 US

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

VILLARRAGA, NELSON  
509 PINE ST  
ORLANDO, FL 32824 US

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: NELSON VILLARRAGA

03/15/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DTR  
Name: VILLARRAGA, NELSON A  
Address: 12382 ACCIPITER DR  
City-St-Zip: ORLANDO, FL 32837

Title: DTR  
Name: VILLARRAGA, GUSTAVO  
Address: 509 PINE ST  
City-St-Zip: ORLANDO, FL 32824

Title: DTR  
Name: VILLARRAGA, JUAN C  
Address: 1580 NW 128TH DRIVE, APT 304  
City-St-Zip: SUNRISE, FL 33323

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: NELSON A VILLARRAGA

DTR

03/15/2012

Electronic Signature of Signing Officer or Director

Date