

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 03, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P93000028242

1. Entity Name  
VISABEL, CORPORATION



Principal Place of Business

3435 N.W. 17TH AVE.  
MIAMI, FL 33142

Mailing Address

3435 N.W. 17TH AVE.  
MIAMI, FL 33142

**DO NOT WRITE IN THIS SPACE**



04262005 No Chg-P CR2E034 (10/03)

4. FEI Number  
65-0502720

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

FALLAT, BOBBIE  
3435 N.W. 17TH AVE.  
MIAMI, FL 33142

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE P/D  
NAME FALLAT, SEGUNDO  
STREET ADDRESS 3435 N.W. 17TH AVE.  
CITY-ST-ZIP MIAMI, FL 33142

TITLE S/D  
NAME FALLAT, BOBBIE  
STREET ADDRESS 3435 N.W. 17TH AVE.  
CITY-ST-ZIP MIAMI, FL 33142

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

1100000358930  
05/04/05-80136-006 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exempt un stated in Section 119.07(3)(f), 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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #