

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000062044

FILED
Apr 15, 2005
Secretary of State

Entity Name: VFS - VISION FINANCIAL SERVICES CORPORATION

Current Principal Place of Business:

10661 N. KENDALL DRIVE
223
MIAMI, FL 33176 US

New Principal Place of Business:

10627 N. KENDALL DRIVE
MIAMI, FL 33176 US

Current Mailing Address:

6938 SW 128 PL.
MIAMI, FL 33183 US

New Mailing Address:

10627 N. KENDALL DRIVE.
MIAMI, FL 33176 US

FEI Number: 65-0592633

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PRADO, MARIO A
6938 SW 128 PLACE
MIAMI, FL 33183 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: PD () Delete
Name: PRADO, MARIO A
Address: 861 SW 135 COURT
City-St-Zip: MIAMI, FL 33184

Title: TS () Delete
Name: PRADO, MARIO ANTONIO
Address: 861 S.W. 135 COURT
City-St-Zip: MIAMI, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 for the exemption stated in Section 119.07(3)(i), 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: MARIO ANTONIO PRADO

PRES

04/15/2005

Electronic Signature of Signing Officer or Director

_____ Date