2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2004 8:00 am
Secretary of State
05-05-2004 90197 035 ***150.00

DOCUMENT # P95000070299

1. Entity Name
VISIONS FINANCIAL CONSULTANTS, INC.

Principal Place of Business	Mailing Address
5394 SW 119TH AVENUE FORT LAUDERDALE, FL 33330	5394 SW 119TH AVENUE FORT LAUDERDALE, FL 33330

DO NOT WRITE IN THIS SPACE

04292004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0607242

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PIEDRA, ORLANDO C MR
5394 SW 119TH AVENUE
FORT LAUDERDALE, FL 33330

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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 _____ 4/29/04
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, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	PIEDRA, ORLANDO C
STREET ADDRESS	5394 SW 119TH AVENUE
CITY-ST-ZIP	COOPER CITY, FL 33330
TITLE	DT
NAME	PIEDRA, JACQUES A
STREET ADDRESS	320 RACQUET CLUB ROAD # 201
CITY-ST-ZIP	WESTON, FL 33326
TITLE	VP
NAME	PIEDRA, JENNIFER
STREET ADDRESS	5394 SW 119 AVE
CITY-ST-ZIP	COOPER CITY, FL
TITLE	VP
NAME	~~PEDRA, CLORA G~~ PIEDRA, CLARA G.
STREET ADDRESS	5394 SW 119 AVENUE
CITY-ST-ZIP	COOPER CITY, FL 33330
TITLE	S
NAME	LOZZARI, ELIZABETH
STREET ADDRESS	10551 W BROWARD BLVD. # 207
CITY-ST-ZIP	PLANTATION, FL 33324
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify 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 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: _____ 4/29/04 954-252-9322
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #