

2007

**FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**


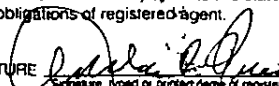
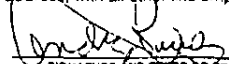
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FILED
May 14, 2007 8:00 am
Secretary of State

04-25-2007 90203 043 ***150.00

00013707

CR2E034B (8/05)

DOCUMENT # P95000074898 1. Entity Name GOLDEN VISION, INC			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 11766 S W 90 TERRACE Suite, Apt. #, etc. MIAMI FL City & State		3. Mailing Address 2910 POINT EAST DR Suite, Apt. #, etc. M-1108 City & State AVENTURA FL	
Zip 33186	Country	33160	Country
4. FEI Number 65-0612203		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent			
Name			
Street Address (P.O. Box Number is Not Acceptable)			
City			
FL Zip Code			
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  ANDRES R. QUIROZ <small>Signature, typed or printed name of registered agent and fee is applicable (NOTE: Registered Agent signature required when renewing)</small>			
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended AR is \$61.25 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE	NAME	TITLE	NAME
STREET ADDRESS	QUIROZ, ANDRES R	STREET ADDRESS	
CITY-ST-ZIP	11766 S W 90th TERRACE	CITY-ST-ZIP	
	MIAMI FL 33186		
TITLE	NAME	TITLE	NAME
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	NAME	TITLE	NAME
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	NAME	TITLE	NAME
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
DO NOT WRITE IN THIS SPACE			
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 on an attachment with an address, with all other like empowered.			
SIGNATURE:  ANDRES R. QUIROZ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 4-18-07	