FOR PROFIT CORPORATION ANNUAL REPORT

2009

For Office Use Only

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DOCUMENT # ~~P95000074896~~ P95000074898

1. Entity Name

GOLDEN VISION, INC

FILED

2009 MAR -5 A 10:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E034B (5/07)

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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
11766 S W 90 TERR	2910 POINT EAST DR
Suite, Apt. #, etc.	Suite, Apt. #, etc.
MIAMI, FL 33186	M-108
City & State	City & State
	AVENTURA, FL 33160
Zip / Country	Zip / Country

4. FEI Number 65-0612203 ☐ Applied For ☐ Not Applicable

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

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7. **Name and Address of Current Registered Agent**

Name: QUIROZ, ANDRES R

Street Address (P.O. Box Number is Not Acceptable): 11766 S W 90TH TERRACE

MIAMI, FL 33186

City: ~~MIAMI~~ **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 _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PT	11766 SW 90 TERR
NAME	QUIROZ, ANDRES R	MIAMI, FL 33185
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

900145048169
03/05/09--01024--009 **150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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, if applicable, which has been empowered.

SIGNATURE: Andres Quiroz