

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P96000003694

FILED
Aug 14, 2006
Secretary of State**Entity Name:** VISION CONSTRUCTION AND RESTORATION, INC.**Current Principal Place of Business:**2450 NE MIAMI GARDENS DR
2ND FLOOR
NORTH MIAMI BEACH, FL 33179 US**New Principal Place of Business:****Current Mailing Address:**2450 NE MIAMI GARDENS DR
2ND FLOOR
NORTH MIAMI BEACH, FL 33179 US**New Mailing Address:**20223 NE 15TH COURT
NORTH MIAMI BEACH, FL 33179 US**FEI Number:** 65-0639459**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**KRON, BERNARD
20223 NE 15TH CT.
NORTH MIAMI BEACH, FL 33179 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**OFFICERS AND DIRECTORS:****Title:** TS (X) Delete
Name: KRON, ANA MARIA
Address: 20223 NE 15 CT.
City-St-Zip: N MIAMI BCH, FL 33179**Title:** VSP () Delete
Name: KRON, BERNARD
Address: 20223 NE 15TH CT
City-St-Zip: N MIAMI BCH, FL 33179**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 Chapter 119, 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: BERNARD KRON

VSP

08/14/2006

Electronic Signature of Signing Officer or Director_____
Date