

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000046000

FILED
Mar 12, 2009
Secretary of State

Entity Name: VISUAL CARE AND SUPPLIES, INC.

Current Principal Place of Business:

2954 W. 84ST
BAY 2
HIALEAH, FL 33018 US

New Principal Place of Business:

8550 W FLAGLER STREET
116-115
MIAMI, FL 33144 US

Current Mailing Address:

2954 W. 84ST
BAY 2
HIALEAH, FL 33018 US

New Mailing Address:

8550 W FLAGLER STREET
116-115
MIAMI, FL 33144 US

FEI Number: 65-0668243

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CIDRE, LOURDES
2954 W. 84ST
BAY 2
HIALEAH, FL 33018 US

Name and Address of New Registered Agent:

CIDRE, LOURDES
8550 W FLAGLER STREET
116-115
MIAMI, FL 33144 US

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: LOURDES CIDRE

03/12/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CIDRE, LOURDES
Address: 2954 W. 84TH ST BAY 2
City-St-Zip: HIALEAH, FL 33018

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: CIDRE, LOURDES
Address: 8550 W FLAGLER STREET STE 116-115
City-St-Zip: MIAMI, FL 33144 US

I hereby certify that the information supplied with this filing does not qualify 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: LOURDES CIDRE

PRES

03/12/2009

Electronic Signature of Signing Officer or Director

Date