

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 03, 2005 8:00 am
Secretary of State

02-03-2005 90034 047 ***158.75

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1. Entity Name
INSIGHT VISION SERVICES, INC.



Principal Place of Business

285 W. 74TH PL.
HIALEAH, FL 33014

Mailing Address

285 W. 74TH PL.
HIALEAH, FL 33014

DO NOT WRITE IN THIS SPACE



01172005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0774851

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

**DO NOT WRITE
IN THIS SPACE**

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME WOLMAN, PHILIP
STREET ADDRESS 285 W. 74TH PL.
CITY-ST-ZIP HIALEAH, FL 33014

TITLE D
NAME WOLMAN, CYNTHIA
STREET ADDRESS 285 W. 74TH PL.
CITY-ST-ZIP HIALEAH, FL 33014

TITLE D
NAME MARTIN, JEFFRY
STREET ADDRESS 285 W. 74TH PL.
CITY-ST-ZIP HIALEAH, FL 33014

TITLE D
NAME MESSA, ROBERT
STREET ADDRESS 285 W. 74TH PL.
CITY-ST-ZIP HIALEAH, FL 33014

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #