

**2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED  
Oct 16, 2008  
Secretary of State**

DOCUMENT# P97000069274

Entity Name: SHOP VISION, INC.

**Current Principal Place of Business:**

2288 NW 82ND AVE.  
MIAMI, FL 33122

**New Principal Place of Business:**

**Current Mailing Address:**

2288 NW 82ND AVE.  
MIAMI, FL 33122

**New Mailing Address:**

FEI Number: 59-3461886      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MATOS, CLAUDIA  
2288 NW 82ND AVE.  
MIAMI, FL 33122 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: PDS ( ) Delete  
Name: MATOS, CLAUDIA S  
Address: 2288 NW 82ND AVE.  
City-St-Zip: MIAMI, FL 33122

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP ( ) Change (X) Addition  
Name: BEGA, ALDO G VP  
Address: 2288 NW 82ND AVE.  
City-St-Zip: MIAMI, FL 33122

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: CLAUDIA MATOS

PDS

10/16/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date