2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2005 8:00 am
Secretary of State
04-04-2005 90060 004 ***150.00

DOCUMENT # P98000014766

1. Entity Name
VISCO GRAPHICS, INC.

Principal Place of Business	Mailing Address
3651 NE 12 AVE POMPANO BEACH, FL 33064	3651 NE 12 AVE POMPANO BEACH, FL 33064

03152005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
3050 NW 25 Avenue	Same
Suite, Apt. #, etc.: Pompano Beach, FL	Suite, Apt. #, etc.
City & State: ~~Pompano Beach, FL~~	City & State: Pompano Beach, FL
Zip: 33069 Country: USA	Zip: 33064 Country: USA

4. FEI Number 65-0821581 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
VISE, RICHARD K 3651 NE 12TH AVE POMPANO BEACH, FL 33064	Name: Vise, Richard K. Street Address (P.O. Box Number is Not Acceptable): 3050 NW 25 Avenue City: Pompano Beach FL Zip Code 33069

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] Richard K. Vise 4-2-05
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PS VISE, RICHARD K 3651 NE 12 AVE POMPANO BEACH, FL 33064 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President - Richard K. Vise 3050 NW 25 Ave. Pompano Beach, FL 33069 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Christopher Belanger Vice President 1021 Crystal Lake Drive ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Pompano Beach, FL 33064 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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] 4-2-05 954-972-0461
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #