

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90777 044 ***150.00

DOCUMENT # P98000032043

1. Entity Name
VISIONS ELECTRONICS, INC.



Principal Place of Business
**1942 JAPONICA RD.
WINTER PARK, FL 32792-1810**

Mailing Address
**1942 JAPONICA RD.
WINTER PARK, FL 32792-1810**



03172004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3518985	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**GAVILANES, JUAN C
1942 JAPONICA RD.
WINTER PARK, FL 32792-1810**

**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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P GAVILANES, JUAN C 1942 JAPONICA RD. WINTER PARK, FL 327921810
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP GAVILANES, BERNARDINO 3051 S. ATLANTIC AVE. #606 DAYTONA BEACH, FL 32118
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	T GAVILANES, LUIS M 3787 MAPLE GROVE ST. PORT ORANGE, FL 32119
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	S GAVILANES, KHARINA 1942 JAPONICA RD. WINTER PARK, FL 327921810
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE
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 lines empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-27-04