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2006 FOR PROFIT CORPORATION ANNUAL REPORT

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06 JUL 27 PM 2:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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07072006 Chg-P CR2E034 (11/05)

DOCUMENT # P99000037784

1. Entity Name
INTERNATIONAL VISION COLLECTION, INC.

Principal Place of Business	Mailing Address
765 NE 174 ST MIAMI BCH, FL 33162	765 NE 174 ST MIAMI BCH, FL 33162

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. NEW ADDRESS
1130 N.W. 67Ave.
MARGATE, FL 33063
Zip Country

4. FEI Number
65-0927513
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PACHECO, ELCIO
765 NE 174TH ST
MIAMI BCH, FL 33162

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 $550.00
Due by September 6, 2006

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	D	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	PACHECO, ELCIO		NAME	700078467057
STREET ADDRESS	765 N.E. 174TH STREET		STREET ADDRESS	08/08/06--01030--010 **400.00
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33162		CITY-ST-ZIP	
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	MACHADO, PAULO		NAME	
STREET ADDRESS	765 NE 174 ST.		STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33162		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: ________________ 7/8/06 554-551-4490
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #