9/9/2008-90001-044-$150.00-$150.00

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

40115425

08222008 Chg-P CR2E034 (12/06)

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000050499

1. Entity Name
VISION INTERNATIONAL UNIVERSITY OF THEOLOGY OF FLORIDA, INC

Principal Place of Business	Mailing Address
8180 NW 36TH ST SUITE 420 MIAMI, FL 33166	8180 NW 36TH ST SUITE 420 MIAMI, FL 33166
2. Principal Place of Business - No P.O. Box #: 3650 NW 82nd AVE	3. Mailing Address: 3650 NW 82nd AVE
Suite, Apt. #, etc: 405	Suite, Apt. #, etc: 405
City & State: DORAL FL	City & State: DORAL FL
Zip: 33166 County: Miami Dade	Zip: 33166 County: Miami Dade

4. FEI Number: 65-0925233 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DE LA HOZ, ALLEN
8180 NW 36TH ST
SUITE 420
MIAMI, FL 33166

7. Name and Address of New Registered Agent

Name: Allen De la Hoz
Street Address (P.O. Box Number is Not Acceptable): [illegible] 3650 N.W. 82nd AVE
Suite 405
City: [illegible] DORAL FL Zip Code: 33166 [illegible]

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] 8/22/08
REGISTERED AGENT SIGNATURE (TYPED OR PRINTED NAME) — NOTE: Registered Agent signature required when reinstating. DATE

FILE NOW!!! FEE IS $150.00
Due by September 12, 2008

9. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DE LA HOZ, L. ALLEN 4027 BARRINGTON SAN ANTONIO, TX 78217	☐ 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
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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 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: [signature] 8/22/08 (210)848-0421
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

KS