

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 18, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000055583	
1. Entity Name VISION ASSET MANAGEMENT, INC.	

Principal Place of Business NRAI SERVICES, INC. 526 PARK AVE. TALLAHASSEE, FL 32301	Mailing Address C/O LEOB, BLOCK & PARTNERS LLP 505 PARK AVE. NEW YORK, NY 10022
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DO NOT WRITE IN THIS SPACE



04042006 No Chg-P CR2E034 (11/05)

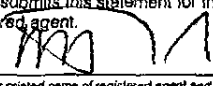
4. FEI Number 50-3586191	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331

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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  DATE _____

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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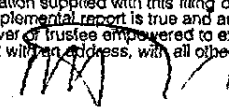
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LEDERMAN, JAIME 1180 E. HALLANDALE BEACH BLVD., STE. C HALLANDALE, FL 33009
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P/D PEISACH, ALBERTO 1180 E. HALLANDALE BEACH BLVD., STE. C HALLANDALE, FL 33009
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PEISACH, JAIME 1180 E. HALLANDALE BEACH BLVD., STE. C HALLANDALE, FL 33009
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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:  DATE _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR