


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2006 8:00 am
Secretary of State

02-13-2006 90013 010 ***150.00

DOCUMENT # P99000082428

1. Entity Name
VISION BUILDERS OF SOUTH FLORIDA CORP.



Principal Place of Business Mailing Address

8180 NW 36 ST 8180 NW 36 ST
 209-B 209-B
 MIAMI, FL 33166 MIAMI, FL 33166

2. Principal Place of Business 3. Mailing Address


8260 NW 27 St 8260 NW 27 St
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 407 407

City & State City & State

Doral, FL Doral, FL

Zip Country Zip Country

33122 USA 33122 USA



01192006 Chg-P CR2E034 (11/05)

4. FEI Number Applied For

65-0946359 Not Applicable

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

6. Name and Address of Current Registered Agent

ORTIZ, JOSEPH A
 8180 NW 36 ST
 STE 209-B
 MIAMI, FL 33166

7. Name and Address of New Registered Agent

Name Ortiz, Joseph A.
 Street Address (P.O. Box Number is Not Acceptable)
 8260 NW 27 St
 Suite 407
 City Doral FL Zip Code 33122

8. The above named entity admits 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:  Joseph A. Ortiz, President 1-19-06

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, 2006 Fee will be \$550.00

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

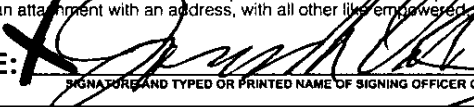
10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME: ORTIZ, JOSEPH A		
STREET ADDRESS: 8180 NW 36 ST 209-B		
CITY-ST-ZIP: MIAMI, FL 33166		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME: Ortiz, Joseph A.			
STREET ADDRESS: 8260 NW 27 St, Suite 407			
CITY-ST-ZIP: Doral, FL 33122			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
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 lines empowered.

SIGNATURE:  Joseph A. Ortiz, President 1/19/06 305-463-8330

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #