

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2008 8:00 am
Secretary of State

02-26-2008 90010 047 ***150.00

DOCUMENT # P99000082428
 1. Entity Name
 VISION BUILDERS OF SOUTH FLORIDA CORP.



Principal Place of Business: 8260 NW 27 ST, 407, MIAMI, FL 33122
 Mailing Address: 8260 NW 27 ST, 407, MIAMI, FL 33122

2. Principal Place of Business - No P.O. Box #: 5881 NW 151 St, Suite, Apt. #, etc. 125
 3. Mailing Address: 5881 NW 151 St, Suite, Apt. #, etc. 125

City & State: Miami Lakes FL

Zip: 33014, Country: USA

Barcode
 01162008 Chg-P CR2E034 (12/06)

4. FEI Number: 65-0946359
 Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent
 ORTIZ, JOSEPH A
 8260 NW 27 ST
 SUITE 407
 MIAMI, FL 33122

7. Name and Address of New Registered Agent
 Name: Ortiz, Joseph A
 Street Address (P.O. Box Number is Not Acceptable): 5881 NW 151 St, Suite 125
 City: Miami Lakes FL Zip Code: 33014

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]
 (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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	8260 NW 27 ST, SUITE 407	
CITY-ST-ZIP	MIAMI, FL 33122	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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		
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	5881 NW 151 St, Suite 125	
CITY-ST-ZIP	Miami Lakes FL 33014	
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 the empowered.

SIGNATURE: [Signature] Joseph A. Ortiz 1/12/08
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: President
 Date: 1/12/08
 Daytime Phone #: 305-992-1199