


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90117 044 ***150.00

DOCUMENT # S03670					
1. Entity Name VISION INDUSTRY PRODUCTS, INC.					
Principal Place of Business 10605 NW 37 TERRACE MIAMI, FL 33178 US			Mailing Address 10605 NW 37 TERRACE MIAMI, FL 33178 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc			
City & State		City & State		4. FEI Number 65-0218329	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ROTH, LEON 13701 S W 12TH ST. SUFFOLK BUILDING #A PEMBROKE PINES, FL 33027			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when retaking)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ROTH, LEON		NAME		
STREET ADDRESS	13701 SW 12TH ST.		STREET ADDRESS		
CITY- ST- ZIP	PEMBROKE PINES, FL		CITY- ST- ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PLAZA, JULIAN E		NAME		
STREET ADDRESS	4101 PINE TREE DR 1715		STREET ADDRESS		
CITY- ST- ZIP	MIAMI BEACH, FL 33140		CITY- ST- ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ENGLE, AL		NAME		
STREET ADDRESS	11340 S W 156 AVE		STREET ADDRESS		
CITY- ST- ZIP	MIAMI, FL 33196		CITY- ST- ZIP		
TITLE	ST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DUQUE, GLORIA R		NAME		
STREET ADDRESS	10605 NW 37 TERRACE		STREET ADDRESS		
CITY- ST- ZIP	MIAMI, FL 33178		CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
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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 exemption stated in Section 119.07(3)(i), 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: <i>AL ENGLE</i> AL ENGLE			Date: <i>J. 16.05</i> 2005-591-5828		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

50029307



01262005 Chg-P CR2E034 (10/03)

4. FEI Number 65-0218329 Applied For Not Applicable

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

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when retaking)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

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NAME		
STREET ADDRESS		
CITY- ST- ZIP		

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: *J. 16.05* 2005-591-5828
Date Daytime Phone #