
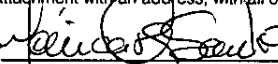


FILED
Jan 07, 2005 8:00 am
Secretary of State

01-07-2005 90016 032 ***150.00

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # S77297			
1. Entity Name VISIT US, INC.			
Principal Place of Business 2655 LEJEUNE RD. SUITE 914 CORAL GABLES, FL 33134 US		Mailing Address 2655 LEJEUNE RD. SUITE 914 CORAL GABLES, FL 33134 US	
2. Principal Place of Business 2655 LeJeune Rd.		3. Mailing Address 2655 LeJeune Rd.	
Suite, Apt. #, etc. SUITE 704		Suite, Apt. #, etc. SUITE 704	
City & State CORAL GABLES FL		City & State CORAL GABLES FL	
Zip 33134	Country US	Zip 33134	Country US
6. Name and Address of Current Registered Agent RAATTAMA, HENRY H., JR. ESQUIRE AKERMAN SENTERFITT ONE S.E. 3RD AVE., 28 FLOOR MIAMI, FL 33131		7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</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 NAME STREET ADDRESS CITY - ST - ZIP	DP LINARES, JOSE MENORCA #10 PALMA DE MALLORCA, SP 07011 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DEVP CALAFAT, JUAN J C/MENORCA, 10-2 PLANTA PALMA DE MALLORCA, SP 07011 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DEVP RAFAEL ROSSELLO C/MENORCA, 10-2 PLANTA PALMA DE MALLORCA, SP 07011 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST SANTOS, MONICA 2655 LE JEUNE RD., SUITE 914 CORAL GABLES, FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  MONICA SANTOS		Date: JAN 05 305-774-9225	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	