2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000032683

Entity Name: VIO INVESTMENTS, CORP

FILED Apr 15, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1301 ST TROPEZ CIRCLE 1443 CAPRI LANE

2104 5908

FORT LAUDERDALE, FL 33326 FORT LAUDERDALE, FL 33326

Current Mailing Address: New Mailing Address:

1301 ST TROPEZ CIRCLE 1443 CAPRI LANE

2104 5908

FORT LAUDERDALE, FL 33326 FORT LAUDERDALE, FL 33326

FEI Number: 20-0747684 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MILLENNIUM-NET-CORPORATION GILMOND, ISAURA 1301 ST TROPEZ CIRCLE 1443 CAPRI LANE

2104 5908

FORT LAUDERDALE, FL 33326 US FORT LAUDERDALE, FL 33326 US

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.

SIGNATURE: ISAURA GILMOND 04/15/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: PS (X) Change () Addition

 Name:
 GILMOND, EVELIO
 Name:
 GILMOND, ISAURA

 Address:
 1301 ST TROPEZ CIRCLE # 2104
 Address:
 1443 CAPRI LANE # 5908

 City-St-Zip:
 FORT LAUDERDALE, FL 33326
 City-St-Zip:
 FORT LAUDERDALE, FL 33326

Title: DS (X) Delete Title: () Change () Addition

 Name:
 GILMOND, ISAURA
 Name:

 Address:
 1301 ST TROPEZ CIRCLE # 2104
 Address:

 City-St-Zip:
 FORT LAUDERDALE, FL 33326
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ISAURA GILMOND PS 04/15/2005