

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 111794

FILED
May 04, 2010
Secretary of State

Entity Name: BECKWITT OPTICAL COMPANY

Current Principal Place of Business:

C/O BEATRICE ENGEL
8425 SW 80 PLACE
MIAMI, FL 33143 US

New Principal Place of Business:

Current Mailing Address:

C/O BEATRICE ENGEL
8425 SW 80 PLACE
MIAMI, FL 33143 US

New Mailing Address:

FEI Number: 59-0159430 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ENGEL, BEATRICE B PTD
8425 SW 80 PLACE
MIAMI, FL 33143 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D
Name: BECKWITT, JULES
Address: 775 107TH ST, OCEAN
City-St-Zip: MARATHON, FL 33050

Title: PTD
Name: ENGEL, BEATRICE B
Address: 8425 SW 80 PLACE
City-St-Zip: MIAMI, FL 33143

Title: D
Name: ENGEL, MATT A
Address: 1181 JESSAMINE LAKE CT
City-St-Zip: ORLANDO, FL 32839

Title: V
Name: LAGUETTE, HORTENSE
Address: 250 HAMMOND POND PKWY #401 SOUTH
City-St-Zip: CHESTNUT HILL, MA 02467

Title: D
Name: FLETCHER, KAREN E
Address: 7631 EAST CYPRESS HEAD DR
City-St-Zip: PARKLAND, FL 33067

I hereby 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 all other like empowered.

SIGNATURE: BEATRICE B. ENGEL

PTD

05/04/2010

Electronic Signature of Signing Officer or Director

_____ Date