

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K12102

FILED
Jan 10, 2007
Secretary of State

Entity Name: VISION DESIGN EYEWEAR, INC.

Current Principal Place of Business:

13499 BISCAYNE BLVD., M-4
N. MIAMI, FL 33181

New Principal Place of Business:

13499 BISCAYNE BLVD., M-8
N. MIAMI, FL 33181

Current Mailing Address:

13499 BISCAYNE BLVD., M-4
N. MIAMI, FL 33181

New Mailing Address:

13499 BISCAYNE BLVD., M-8
N. MIAMI, FL 33181

FEI Number: 65-0046281

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OVADIA, DIANE
6711 WINDSOR LANE
MIAMI BEACH, FL 33141 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: OVADIA, AHARON
Address: 6711 WINDSOR LANE
City-St-Zip: MIAMI BCH., FL

Title: V () Delete
Name: OVADIA, DIANE
Address: 6711 WINDSOR LANE
City-St-Zip: MIAMI BCH., FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: DIANE OVADIA

VP

01/10/2007

_____ Electronic Signature of Signing Officer or Director

_____ Date