


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # M81782
 1. Entity Name
MIAMI LAKES EYE CARE CENTER, P.A.



Principal Place of Business Mailing Address
15600 NW 67TH AVENUE **15600 NW 67TH AVENUE**
MIAMI LAKES, FL 33014 **MIAMI LAKES, FL 33014**

DO NOT WRITE IN THIS SPACE



04232004 No Chg-P CR2E034 (10/03)

4. FCI Number: **65-0026251** Added For: Not Added

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

6. Name and Address of Current Registered Agent
THOMAS, FAYES F., JR.
16 S.W. FIRST AVENUE
MIAMI, FL 33130

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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 qualifications of registered agent.

SIGNATURE: _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

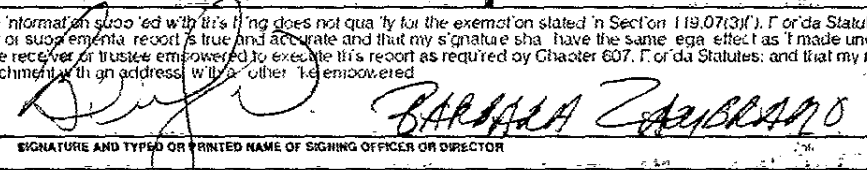
10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	TRENTACASTE, JOSEPH M
STREET ADDRESS	2659 EDGEWATER DRIVE
CITY, ST, ZIP	FORT LAUDERDALE, FL
TITLE	SD
NAME	ZAMBRANO, WILLIAM
STREET ADDRESS	8627 GLENCAIRN TERRACE
CITY, ST, ZIP	MIAMI LAKES, FL
TITLE	VP
NAME	ZAMBRANO, BARBARA
STREET ADDRESS	8627 GLENCAIRN TERRACE
CITY, ST, ZIP	HIALEAH, FL 33016
TITLE	T
NAME	ACONA, ADALBERTO B
STREET ADDRESS	15432 KIPPFORD CT.
CITY, ST, ZIP	MIAMI LAKES, FL 33014
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information included 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 a other I'd empowered.

SIGNATURE:  **BARBARA ZAMBRANO**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR