

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2005 8:00 am
Secretary of State

01-31-2005 90081 016 ***150.00

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

50008385

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country



01272005 Chg-P CR2E034 (10/03)

4. FEI Number Applied For
65-0026251 Not Applicable
 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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TRENTACASTE, JOSEPH M			NAME			
STREET ADDRESS	2659 EDGEWATER DRIVE			STREET ADDRESS			
CITY-ST-ZIP	FORT LAUDERDALE, FL			CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ZAMBRANO, WILLIAM			NAME			
STREET ADDRESS	8627 GLENCAIRN TERRACE			STREET ADDRESS			
CITY-ST-ZIP	MIAMI LAKES, FL			CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ZAMBRANO, BARBARA			NAME			
STREET ADDRESS	8627 GLENCAIRN TERRACE			STREET ADDRESS			
CITY-ST-ZIP	HIALEAH, FL 33016			CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ACONA, ADALBERTO B			NAME			
STREET ADDRESS	15432 KIPPFORD CT.			STREET ADDRESS			
CITY-ST-ZIP	MIAMI LAKES, FL 33014			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME				NAME	SECRETARY BATISTA, EDGAR A.		
STREET ADDRESS				STREET ADDRESS	8231 NW 170 TER.		
CITY-ST-ZIP				CITY-ST-ZIP	MIAMI FL 33015		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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: W. Zambrano W. ZAMBRANO 2-1-05 3058252020
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date/Time/Phone #