FILED
Sep 16, 2003 8:00 am
Secretary of State
09-16-2003 90006 007 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000123586

1. Entity Name
EYESIGHT INC

Principal Place of Business	Mailing Address
3770 SW 45 TERRACE HOLLYWOOD, FL 33023 US	3770 SW 45 TERRACE HOLLYWOOD, FL 33023 US

[redacted]

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
1296 SW 151 AVe	1296 SW 151 AVe
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Sunrise FL	City & State: Sunrise, FL
Zip: 33326 Country: USA	Zip: 33326 Country: USA

4. FEI Number 65-1162246 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GHAVAMI, CIA M ~~3770 SW 45 TERRACE~~ ~~HOLLYWOOD, FL 33023~~ 1296 SW 151 AVe Sunrise, FL. 33326	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 [signature] DATE 9/12/03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Amended UBR $61.25
Make Check Payable to Florida Department of State

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P GHAVAMI, CIA M ~~3770 SW 45 TERRACE~~ 1296 SW 151 AVe ~~HOLLYWOOD, FL 33023~~ Sunrise, FL 33326 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

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: [signature] 9/12/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment#
80148658
P02000123586

Dr. Cia Ghavami

1296 SW 151 AVE
SUNRISE, FL.
33326
305-309-9995-p
754-366-1497-c

September 12, 2003

To: The officer in charge of
corporation waver of fees
dept.

I Cia Ghavami am writing you this letter in order to notify you that I did not receive annual report form.
Enclosed is a check for 150.00 dollars for my eyesight inc. to be updated.

thank you

Cia Ghavami