

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000145470

Entity Name: MARINA EYECARE PA

FILED
Apr 20, 2005
Secretary of State

Current Principal Place of Business:

320 NE 12TH AVE #502
HALLANDALE, FL 33009

New Principal Place of Business:

320 NE 12TH AVE
502
HALLANDALE, FL 33009

Current Mailing Address:

320 NE 12TH AVE #502
HALLANDALE, FL 33009

New Mailing Address:

320 NE 12TH AVE
502
HALLANDALE, FL 33009

FEI Number: 20-2592529

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KOTLYAR, MARINA
320 NE 12TH AVE #502
HALLANDALE, FL 33009 US

Name and Address of New Registered Agent:

KOTLYAR, MARINA
320 NE 12TH AVE
502
HALLANDALE, FL 33009 US

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: MARINA KOTLYAR

04/20/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: KOTLYAR, MARINA
Address: 320 NE 12TH AVE #502
City-St-Zip: HALLANDALE, FL 33009

Title: VST () Delete
Name: KOTLYAR, MARINA
Address: 320 NE 12TH AVE #502
City-St-Zip: HALLANDALE, FL 33009

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 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 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: MARINA KOTLYAR

PD

04/20/2005

Electronic Signature of Signing Officer or Director

Date