


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 02, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P93000045421</b> 1. Entity Name DISCOUNT EYEGLASSES INC.	
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Principal Place of Business 1100 W. FLAGLER STREET MIAMI, FL 33130	Mailing Address 1100 W. FLAGLER STREET MIAMI, FL 33130
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<b>DO NOT WRITE IN THIS SPACE</b>
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01262004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0419518	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  NAVARRO, ROERME 1100 W. FLAGLER STREET MIAMI, FL 33130
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 obligations of registered agent.

SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NAVARRO, ROERME 1100 W. FLAGLER ST. MIAMI, FL 33130
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD NAVARRO, MAYDA 1100 W. FLAGLER ST. MIAMI, FL 33130
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<p>000000023595 02/02/04-80033-003 150.00</p> <b>DO NOT WRITE IN THIS SPACE</b>
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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)(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.

<b>SIGNATURE:</b> _____ <small>SIGNATURE OR TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date <u>1/26/04</u>	Daytime Phone # _____
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