

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000022249

FILED  
Apr 06, 2007  
Secretary of State

Entity Name: SNG LABS/SNG PROSTHETIC EYE INSTITUTE, INC.

**Current Principal Place of Business:**

6018 SW 18TH ST  
#C2  
BOCA RATON, FL 33433 US

**New Principal Place of Business:**

**Current Mailing Address:**

4445 WOODFIELD BLVD.  
BOCA RATON, FL 33434 US

**New Mailing Address:**

FEI Number: 65-0580048      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

NICOLE GARONZIK  
4445 WOODFIELD BLVD  
BOCA RATON, FL 33434 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: GARONZIK, NICOLE  
Address: 4445 WOODFIELD BLVD.  
City-St-Zip: BOCA RATON, FL 33434

Title: S ( ) Delete  
Name: GARONZIK, PEARL  
Address: 4445 WOODFIELD BLVD  
City-St-Zip: BOCA RATON, FL 33434

Title: T ( ) Delete  
Name: GORDON, SANDI  
Address: 6701 SOUTHPORT DR.  
City-St-Zip: BOTNTON BEACH, FL 33437

Title: T ( ) Delete  
Name: GORDON, SANDI  
Address: 6701 SOUTHPORT DR  
City-St-Zip: BOYNTON BEACH, FL 33437

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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 Chapter 119, 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: NICOLE GARONZIK

P

04/06/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date