

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000022249

FILED
Feb 15, 2008
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 (X) 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 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

02/15/2008

Electronic Signature of Signing Officer or Director

_____ Date