


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 15, 2006 8:00 am**  
**Secretary of State**

02-15-2006 90032 022 \*\*\*150.00

**DOCUMENT # P97000006075**

1. Entity Name  
**OPTICAL OUTLET IV, INC.**



Principal Place of Business      Mailing Address  
**319 SE PORT ST LUCIE BLVD**      **319 SE PORT ST LUCIE BLVD**  
**PORT SAINT LUCIE, FL 34984 US**      **PORT SAINT LUCIE, FL 34984 US**

**60015835**



2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

01302006      Chg-P      CR2E034 (11/05)

4. FEI Number      Applied For  
**65-0722038**      Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**ARTEAGEA, LORRAINE**  
**898 SE KENDALL AVENUE**  
**PORT ST. LUCIE, FL 34983**

**7. Name and Address of New Registered Agent**

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 typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when remaining in office.) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

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	<b>P</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ARTEAGA, LORRAINE</b>	NAME	
STREET ADDRESS	<b>898 SE KENDALL AVENUE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>PORT ST. LUCIE, FL 34983</b>	CITY-ST-ZIP	
TITLE	<b>ST</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ARTEAGA, RENE</b>	NAME	
STREET ADDRESS	<b>898 SE KENDALL AVE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>PORT ST LUCIE, FL 34983</b>	CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>OLESEN, CLAYTON L</b>	NAME	
STREET ADDRESS	<b>319 SE PORT ST LUCIE BLVD</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>PORT SAINT LUCIE, FL 34984</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:** *L. Arteaga*      **1/30/06**      **772-879-1661**

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