


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2005 8:00 am
Secretary of State

03-18-2005 90077 024 ***150.00

DOCUMENT # P98000064829

1. Entity Name
MIAMI EYEWORKS, INC.



Principal Place of Business
6891 STERLING RD. SUITE 22
FORT LAUDERDALE, FL 33314

Mailing Address
1951 ATLANTIC SHORES BLVD
SUITE 24
HALLANDALE, FL 33009

50027977

2. Principal Place of Business
6005 STIRLING RD

3. Mailing Address
6005 STIRLING RD

Suite, Apt. #, etc.
#172



01132005 Chg-P CR2E034 (10/03)

City & State
FT LAUDERDALE, FL

City & State
FT LAUDERDALE, FL

Zip
33314

Country

4. FEI Number
65-0854853

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

KOLASSA, JOHANN
1951 ATLANTIC SHORES BLVD
#24
HALLANDALE, FL 33009-2859

7. Name and Address of New Registered Agent

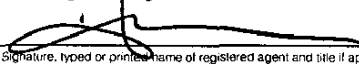
Name

Street Address (P.O. Box Number is Not Acceptable)
6005 STIRLING ROAD

SUITE # 172

City **FT. LAUDERDALE** FL Zip Code **33314**

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  DATE **3-7-05**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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 P <input type="checkbox"/> Delete	NAME MOHANN, KOLASSA	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME KOLASSA, JOHANN
STREET ADDRESS 6891 STERLING RD #202	CITY-ST-ZIP FORT LAUDERDALE, FL 33314	STREET ADDRESS 6005 STIRLING ROAD #172	CITY-ST-ZIP FORT LAUDERDALE, FL 33314
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP

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.

SIGNATURE:  DATE: **1/1** DAYTIME PHONE #: **(305) 710-4711**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR