

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000010617

Entity Name: LENS DEPOT, INC.

FILED  
Apr 25, 2005  
Secretary of State

## Current Principal Place of Business:

14750 NW 77 CT.  
SUITE 315  
MIAMI LAKES, FL 33016

## New Principal Place of Business:

6994 N.W. 42 ST  
MIAMI, FL 33166

## Current Mailing Address:

14750 NW 77 CT.  
SUITE 315  
MIAMI LAKES, FL 33016

## New Mailing Address:

6994 N.W. 42 ST  
MIAMI, FL 33166

FEI Number: 65-1093035

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CHAJIN, CARLOS  
815 NW 57 AVE.  
SUITE #119  
MIAMI, FL 33126 US

## Name and Address of New Registered Agent:

CHAJIN, ALVARO  
6994 N.W. 42 ST  
MIAMI, FL 33166 US

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: ALVARO CHAJIN

04/25/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PTD ( ) Delete  
Name: CHAJIN MEJIA, ALVARO F  
Address: 815 NW 57 AVE., #119  
City-St-Zip: MIAMI, FL 33126

Title: SD ( ) Delete  
Name: GOMEZ ORTIZ, ADRIANA T  
Address: 815 NW 57 AVE., #119  
City-St-Zip: MIAMI, FL 33126

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change ( ) Addition  
Name: CHAJIN MEJIA, ALVARO F  
Address: 6994 N.W. 42 ST  
City-St-Zip: MIAMI, FL 33166

Title: SD (X) Change ( ) Addition  
Name: GOMEZ ORTIZ, ADRIANA T  
Address: 6994 N.W. 42 ST  
City-St-Zip: MIAMI, FL 33166

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ALVARO CHAJIN

PTD

04/25/2005

Electronic Signature of Signing Officer or Director

Date