I hereby 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 all other like empowered.

SIGNATURE: GUARIO VITO

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# G90595

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

Entity Name: ALL EYES OPTICAL, INC.

Current Principal Place of Business:

13688 STATE RD 84 DAVIE, FL 33325

Current Mailing Address:

13688 STATE RD 84 DAVIE, FL 33325

FEI Number: 59-2405764

Name and Address of Current Registered Agent:

EBERHART-GUARIO, LOUISE 13688 STATE ROAD 84 DAVIE, FL 33325 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:

Electronic Signature of Registered Agent

Officer/Director Detail :

Title	PRES	Title	VP
Name	GUARIO, VITO J	Name	EBERHART-GUARIO, LOUISE C
Address	13688 STATE RD 84	Address	13688 STATE RD 84
City-State-Zip:	DAVIE FL	City-State-Zip:	DAVIE FL 33325

Certificate of Status Desired: No

04/28/2016

FILED Apr 28, 2016 Secretary of State CC7076071306

Date

Date