

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P12000073813

**Entity Name:** CEPERO EYECARE CENTER INC

**Current Principal Place of Business:**

1705 CORAL WAY  
MIAMI, FL 33145

**Current Mailing Address:**

1705 CORAL WAY  
MIAMI, FL 33145 US

**FEI Number:** 46-0894275

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CEPERO, ANA D  
4705 ALHAMBRA CIRCLE  
CORAL GABLES, FL 33146 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

Date

**Officer/Director Detail :**

Title P  
Name CEPERO, ANA D  
Address 4705 ALHAMBRA CIRCLE  
City-State-Zip: CORAL GABLES FL 33146

Title VP  
Name CEPERO, ERNESTO  
Address 4705 ALHAMBRA CIRCLE  
City-State-Zip: CORAL GABLES FL 33146

Title T  
Name CEPERO, SERAPIO  
Address 4705 ALHAMBRA CIRCLE  
City-State-Zip: CORAL GABLES FL 33146

*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:** ANA CEPERO

**PRES**

**04/27/2015**

Electronic Signature of Signing Officer/Director Detail

Date