

2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000004517

Entity Name: OPTICAL CRIME PREVENTION, INC.**Current Principal Place of Business:**8360 W OAKLAND PARK BLVD
SUITE 201
SUNRISE, FL 33351**Current Mailing Address:**8360 W OAKLAND PARK BLVD
SUITE 201
SUNRISE, FL 33351**FEI Number:** 90-0413804**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DUBOIS, JOHN E
18495 S. DIXIE HWY
107
CUTLER BAY, FL 33157 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 C
Name LUCATORTO, JOSEPH
Address 20 ORCHID STREET
City-State-Zip: FLORAL PARK NY 11001Title DS
Name NANJI, SUHAIL
Address 6811 NW 117TH AVE
City-State-Zip: PARKLAND FL 33076Title D
Name FRANK, KENNETH
Address 3 AV OCTAVE
City-State-Zip: GREARD, PARIS FR 75007Title VCP
Name DUBOIS, JOHN
Address 18495 S DIXIE HWY
City-State-Zip: PALMETTO BAY FL 33157Title D
Name DICKINSON, ROBERT
Address 29 TAHITI BEACH ISLAND ROAD
City-State-Zip: CORAL GABLES FL 33143

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: JOHN DUBOIS**PRESIDENT****04/21/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date