2004 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 22, 2004 08:00 AM Secretary of State **DOCUMENT # 266572** 1. Entity Name GLOBAL CONTACT LENS, INC. Mailing Address Principal Place of Business 3991 NW 26TH ST. 3991 NW 26TH ST. MIAMI, FL 33142-6727 MIAMI, FL 33142-6727 03082004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-1002404 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CANCIO, ERNEST A DO NOT WRITE 320 SOUTH ROYAL POINCADNA BLVD. MIAMI, FL 33166 IN THIS SPACE 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. (NOTE. Registered Agent signature required when reinstating) DATE Signature, typed or orinted name of registered agent and lide if applicable. 9. Election Campaign Financing **\$5.00** May Be Fil.E NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TS TITLE NAME GRAVES, DAVID A 3701 PARK AVENUE STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33133 1900000124812 04/22/04-80060-004 150.00 IIILE SMOKE, JOHN JR STREET ADDRESS 2261 LAKES OF BELVOURNE CITY-ST-ZIP MELBOURNE, FL TETLE NAME CANCIO, ERNEST A STREET ADDRESS 320 S. ROYAL POINCIANA DO NOT WRITE CITY-ST-ZIP MIAMI SPRINGS, FL 33166 IN THIS SPACE TITLE CANCIO, MARIA NAME STREET ADDRESS 320 S. ROYAL POINEIANA BLVD. MIAMI SPRINGS, FL 33166 CITY-ST-ZIP

12. Thereby certify that the information supplied with this filting 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 flustee imported to execute this report as required by Chapter 607, Florida Statutes; and that my pame appears in Block 10 or Block 11 if changed, or on an attachment with an appears in Block 10 or Block 11 if

SIGNATURE:

HILE NAME STREET ADDRESS CXTY - ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

FILED