

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 23, 2008 08:00 AM
Secretary of State

DOCUMENT # 266572

1. Entity Name
GLOBAL CONTACT LENS, INC.



Principal Place of Business
3991 NW 26TH ST.
MIAMI, FL 33142-6727

Mailing Address
3991 NW 26TH ST.
MIAMI, FL 33142-6727



02072008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1002404

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CANCIO, ERNEST A
320 SOUTH ROYAL POINCIANA BLVD.
MIAMI SPRINGS, FL 33166

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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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

U000000916348

05/12/08-80025-017 150.00

10. OFFICERS AND DIRECTORS

TITLE	TS
NAME	GRAVES, DAVID A
STREET ADDRESS	3701 PARK AVENUE
CITY-ST-ZIP	MIAMI, FL 33133
TITLE	V
NAME	SMOKE, JOHN JR
STREET ADDRESS	2281 LAKES OF BELVOURNE
CITY-ST-ZIP	MELBOURNE, FL
TITLE	P
NAME	CANCIO, ERNEST A
STREET ADDRESS	320 S. ROYAL POINCIANA
CITY-ST-ZIP	MIAMI SPRINGS, FL 33166
TITLE	V
NAME	CANCIO, MARIA
STREET ADDRESS	320 S. ROYAL POINEIANA BLVD.
CITY-ST-ZIP	MIAMI SPRINGS, FL 33166
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: