2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 304313

1. Entity Name
A & A OPTICAL INC

Principal Place of Business	Mailing Address
2364 S. W. 8TH ST	2364 S. W. 8TH ST
MIAMI, FL 33135	MIAMI, FL 33135

DO NOT WRITE IN THIS SPACE

02212006 No Chg-P CR2E034 (11/05)

4. FEI Number	Applied For
59-1142870	Not Applicable

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

6. Name and Address of Current Registered Agent

MILLARES, RAFAEL
6508 CABALLERO BLVD
CORAL GABLES, FL 33146

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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, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MILLARES, RAFAEL
STREET ADDRESS	2364 SW 8TH STREET
CITY-ST-ZIP	MIAMI, FL 33135

TITLE	S
NAME	MILLARES, SABA
STREET ADDRESS	2364 SW 8TH ST
CITY-ST-ZIP	MIAMI, FL 33135

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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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 (X) Rafael Millares   (X) 3-3-06   (X) 305643066

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #