

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**DOCUMENT # 304313**

1. Entity Name  
**A & A OPTICAL INC**



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

Mailing Address  
**2364 S. W. 8TH ST  
MIAMI, FL 33135**

**FILED**  
**Aug 01, 2008 08:00 AM**  
**Secretary of State**



07182008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-1142870**

Applied For  
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**

**DO NOT WRITE  
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 reconstituting)

DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

**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	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

U000000956815  
08/01/08-80001-002 150.00

**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: (X)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(X) 7-28-08

Date

Daytime Phone #

305-643-0663