


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
Feb 17, 2006 08:00 AM  
Secretary of State

**DOCUMENT # 305392**  
1. Entity Name  
**RAY OPTICAL CORP.**



Principal Place of Business      Mailing Address  
**1340 S.W. 8TH STREET**      **1340 S.W. 8TH STREET**  
**MIAMI, FL 33135**                      **MIAMI, FL 33135**

**DO NOT WRITE IN THIS SPACE**



01182006    No Chg-P    CR2E034 (11/05)

4. FEI Number  
**59-1142336**      Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
**LOPEZ, RAMON A**  
**1340 SW 8TH ST**  
**MIAMI, FL 33135**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when renewing)

**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**

U000000437583  
02/28/06-80047-010 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TERESITA YANES 1340 S.W. 8TH STREET MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LOPEZ, RAMON A 1340 S.W. 8TH STREET MIAMI, FL
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TITLE NAME STREET ADDRESS 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 fees empowered.

SIGNATURE: [Signature]      Date: 2/15/06      Daytime Phone #: 305-558-5145  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR