2006 FOR PROFIT CORPORATION

FILED

ANNUAL REPURI				_a Jan 31, 2006 08:00 A		
DOCU	MENT # 432560		Secretary of State			
1. Entity Nan					Dec	retary or state
FUIURA	OPTICAL COMPANY					
			The state of the s			
1 ,	ce of Business	Mailing Address				
1846 SW 8TH ST. 1846 SW 8TH ST. 1846 SW 8TH ST. MIAMI, FL 33135						
11100000, F.C.	,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				A MANALE MANALE MEMBER MEMBER MANALE MEMBERANG DA LANG.
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	O NOT WRITE	IN THIS SP	ACE	4. FEI Numb	er	Applied For
ł ł				59-151		Not Applicable
	,	•		5. Certificate	of Status Desired	S8.75 Additional Fee Required
	8. Name and Address of Current F	Registered Agent				
DEDET	140014			Sites serve	u u anamaini é br é	e dice. It desire dealer
PEREZ, MARIO M 11810 SW 24TH TERRACE MIAMI, FL 33145				DO	NOT W	RITE
				IN.	THIS SF	ACF
				(AR.W	rriio wi	A S. Aleb Steeds
				<u></u>		
	e named enlity submits this statement for tions of registered agent.	the purpose of changing its regi	istered office or register	ed agent, or bo	th, in the State of Flo	orida. I am familiar with, and accept
	1					
SIGNATURE.	Signature, typed or printed name of registered agent as	nd title if applicable. (NOTE: Reg	istered Agent signature required	when reinstating)		DATE
	j	9. Election Campaign F	inancina \$ 5	.00 May Be		
	.E NOW!!! FEE IS \$150.00 lay 1, 2006 Fee will be \$550.0		T	ed to Fees		
10.	OFFICERS AND D	DIRECTORS				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
TITLE	PD	- Independent of the second		•	•	, ,
NAME STORES ASSESSED	PEREZ, MARIO M			· · .		
STREET ADDRESS CITY-ST-ZIP	11810 SW 24TH TERRACE					ANGOSE
TITLE	VD	 	in ding dawn	allelakskerer (*)	02/08/06-	409225 80089-020 150.00
NAME	PEREZ, MARIA ELENA			•	man man man	SALSA SALSA SALI - SALAASAA DI BASA SALIA BASA SALIA SALIA
STREET ADDRESS CITY-ST-ZIP	11810 SW 24TH TERR. MIAMI, FL 33175					
DTLE	SD					
NAME	PEREZ, HELENA		12.		again the Albania. Tha the state of the	
STREET ADDRESS CITY+51-ZIP	11810 SW 24TH TERRACE - MIAMI, FL	•		DO	NOT W	RITE
TITLE	T 1		• •		THIS SE	
NAME	RODRIĞUEZ, ANA MARIA		1 1	FIE	ifild of	**************************************
STREET ADDRESS	1		: 1.1. 1 S. Sa.,	ruliwa a ra		
DILE	MIAMI, FL 33173			* ********		
NAME						
STREET ADDRESS						•
CITY-ST-ZIP						
TITLE						
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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 any 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 of trustee empowerfed 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:

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER ON DIGIECTOR

1/27/2005

(505) 643-1010