

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # 432560	
1. Entity Name FUTURA OPTICAL COMPANY	
Principal Place of Business 1846 SW 8TH ST. MIAMI, FL 33135	Mailing Address 1846 SW 8TH ST. MIAMI, FL 33135



01172006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1516808	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent PEREZ, MARIO M 11810 SW 24TH TERRACE MIAMI, FL 33145		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 _____ (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 NAME STREET ADDRESS CITY-ST-ZIP	PD PEREZ, MARIO M 11810 SW 24TH TERRACE MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PEREZ, MARIA ELENA 11810 SW 24TH TERR. MIAMI, FL 33175
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PEREZ, HELENA 11810 SW 24TH TERRACE - MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RODRIGUEZ, ANA MARIA 10251 SW 66 ST. MIAMI, FL 33173
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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/2006 **(505) 643-1010**
Date Daytime Phone #