2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

changed, or on an attachment with an address

SIGNATURE:

Apr 25, 2007 8:00 am Secretary of State **DOCUMENT #432560** 04-25-2007 90161 029 ***150 00 **FUTURA OPTICAL COMPANY** Principal Place of Business Mailing Address 40079672 1846 SW 8TH ST. 1846 SW 8TH ST. MIAMI, FL 33135 MIAMI, FL 33135 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02012007 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 59-1516808 Not Applicable Country Zip Country Ζip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PEREZ, MARIO M Street Address (P.O. Box Number is Not Acceptable) 11810 SW 24TH TERRACE MIAMI, FL 33145 Zip Code FL 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 agenta; SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PD TITLE Delete TITLE ☐ Addition PEREZ, MARIO M NAME NAME STREET ADDRESS 11810 SW 24TH TERRACE STREET ADDRESS CITY-ST-ZIP MIAMI, FL CITY-ST-ZIP VD TITLE ☐ Delete TITLE ☐ Change ☐ Addition PEREZ, MARIA ELENA NAME NAME STREET ADDRESS 11810 SW 24TH TERR. STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33175 CITY-ST-ZIP SD TITLE ☐ Delete TITLE ☐ Change ☐ Addition PEREZ, HELENA NAME NAME STREET ADDRESS 11810 SW 24TH TERRACE STREET ADDRESS CITY-ST-ZIP MIAMI, FL CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition RODRIGUEZ, ANA MARIA NAME MARKE 10251 SW 66 ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33173 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

DIRECTOR

FILED