


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2005 8:00 am
Secretary of State

05-05-2005 90085 032 ***150.00

DOCUMENT # 458270 1. Entity Name NEW YORK OPTICAL - WESTERN HEMISPHERE, INC.					
Principal Place of Business 2316 S W 60TH TERRACE MIRAMAR, FL 33023 US				Mailing Address 2316 S W 60TH TERRACE MIRAMAR, FL 33023 US	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
GOLDMAN, HOWARD 2316 SW 60TH TERRACE MIRAMAR, FL 33023				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	VT <input type="checkbox"/> Delete		TITLE	VT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GOLDMAN, KAREN		NAME	Goldman, Karen	
STREET ADDRESS	2316 SW 60TH TERRACE		STREET ADDRESS	2316 S.W. 60th Terrace	
CITY - ST - ZIP	HOLLYWOOD, FL 33023		CITY - ST - ZIP	Miramar, FL 33023	
TITLE	SP <input type="checkbox"/> Delete		TITLE	SP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GOLDMAN, HOWARD		NAME	Goldman, Howard	
STREET ADDRESS	2316 SW 60TH TERRACE		STREET ADDRESS	2316 S.W. 60th Terrace	
CITY - ST - ZIP	HOLLYWOOD, FL 33023		CITY - ST - ZIP	Miramar, FL 33023	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>Karen M. Goldman</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>4-29-05</u> Daytime Phone # <u>954-893-7853</u>		