

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 14, 2006 8:00 am
Secretary of State

06-14-2006 90004 003 ***550.00

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1. Entity Name
SUNGLASS HUT REALTY CORPORATION



Principal Place of Business
**4000 LUXOTTICA PLACE
ATTN: TAX DEPT
MASON, OH 45040 US**

Mailing Address
**P O BOX 8509
ATTN: TAX DEPT
MASON, OH 45040-7114 US**

DO NOT WRITE IN THIS SPACE



05262006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2533689

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 6, 2006**

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	D CAVATORTA, ENRICO 44 HARBOR PARK DR PT WASHINGTON, NY 11050
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC DEL VECCHIO, CLAUDIO CEO 44 HARBOR PARK DR PT WASHINGTON, NY 11050
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCEO CHEMELLO, ROBERTO 44 HARBOR PARK DR PT WASHINGTON, NY 11050
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS BOXER, MICHAEL A 44 HARBOR PARK DR PT WASHINGTON, NY 11050
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT GIANNOLA, VITO 44 HARBOR PARK DR PT WASHINGTON, NY 11050
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GIACOBBI, VALERIO 4000 LUXOTTICA PLACE MASON, OH 45040

**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

Date

Daytime Phone #

6-1-06 513-765-6000