

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2008 8:00 am
Secretary of State

01-11-2008 90035 027 ***150.00

DOCUMENT # 641029

1. Entity Name
T. AND T. OPTICAL LAB, INC.



Principal Place of Business
973 E 8 AVE
HIALEAH, FL 33010

Mailing Address
973 E 8 AVE
HIALEAH, FL 33010

66001266



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

01022008 Chg-P CR2E034 (12/06)

City & State

4. FEI Number
59-2269154

Applied For
 Not Applicable

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TORRES, DULCE M
1321 S.W. 97 COURT
MIAMI, FL 33174

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 necessary) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME **GEORGINA GRANADOS** Delete
 STREET ADDRESS **9205 SW 48 STREET**
 CITY-ST-ZIP **MIAMI, FL 33165**

TITLE **VP-D** Change Addition
 NAME **GEORGINA GRANADOS**
 STREET ADDRESS **9205 SW 48 St.**
 CITY-ST-ZIP **Miami, FL 33165**

TITLE
 NAME **JORGE TORRES** Delete
 STREET ADDRESS **1321 SW 97 CT**
 CITY-ST-ZIP **MIAMI, FL 33174**

TITLE **P-D** Change Addition
 NAME **JORGE TORRES**
 STREET ADDRESS **1321 SW 97 Ct**
 CITY-ST-ZIP **Miami, FL 33174**

TITLE
 NAME Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **S-T-D** Change Addition
 NAME **DULCE M TORRES**
 STREET ADDRESS **1321 SW. 97 Ct**
 CITY-ST-ZIP **Miami, FL 33174**

TITLE
 NAME Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

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: *Georgina Granados*

1/5/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #