

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 641029

FILED
Feb 02, 2009
Secretary of State

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

Current Principal Place of Business:

973 E 8 AVE
HIALEAH, FL 33010

New Principal Place of Business:

Current Mailing Address:

973 E 8 AVE
HIALEAH, FL 33010

New Mailing Address:

FEI Number: 59-2269154

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VPD () Delete
Name: GEORGINA, GRANADOS
Address: 9205 SW 48 STREET
City-St-Zip: MIAMI, FL 33165

Title: PD () Delete
Name: JORGE, TORRES
Address: 1321 SW 97 CT
City-St-Zip: MIAMI, FL 33174

Title: STD () Delete
Name: TORRES, DULCE M
Address: 1321 SW 97 CT
City-St-Zip: MIAMI, FL 33174

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GEORGINA GRANADOS

VPD

02/02/2009

Electronic Signature of Signing Officer or Director

_____ Date