2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2007 8:00 am
Secretary of State

02-27-2007 90012 023 ***150.00

DOCUMENT # F04000002376

1. Entity Name
MANHATTAN DESIGN STUDIO, INC.

Principal Place of Business	Mailing Address
% ASPEX EYEWEAR, INC 2755 SW 32 AVENUE PEMBROKE PARK, FL 33023	% ASPEX EYEWEAR, INC. 2755 SW 32 AVENUE PEMBROKE PARK, FL 33023

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01102007 Chg-P CR2E034 (12/06)

4. FEI Number 13-3638774 — Applied For / Not Applicable

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
MREJEN, ARIE ESQ. 701 W. CYPRESS CREE RD., STE. 302 FT. LAUDERDALE, FL 33309	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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 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	PCDS ☐ Delete	TITLE	☑ Change ☐ Addition
NAME	IFERGAN, NONU	NAME	
STREET ADDRESS	600 PEEL STREET, SUITE 302 / MONTREAL	STREET ADDRESS	5440 Paré 2nd Floor / Mont-Royal
CITY-ST-ZIP	QUEBEC CANADA H3C 2H1,	CITY-ST-ZIP	Quebec, Canada H4P 1R3
TITLE	VVC ☐ Delete	TITLE	☑ Change ☐ Addition
NAME	IFERGAN, THIERRY	NAME	
STREET ADDRESS	3950 EXECUTIVE WAY	STREET ADDRESS	2755 SW 32nd Ave
CITY-ST-ZIP	MIRAMAR, FL 33025	CITY-ST-ZIP	Pembroke Park, FL 33023
TITLE	D ☐ Delete	TITLE	☑ Change ☐ Addition
NAME	IFERGAN, YAEL	NAME	
STREET ADDRESS	3950 EXECUTIVE WAY	STREET ADDRESS	2755 SW 32nd Ave
CITY-ST-ZIP	MIRAMAR, FL 33025	CITY-ST-ZIP	Pembroke Park, FL 33023
TITLE	D ☐ Delete	TITLE	☑ Change ☐ Addition
NAME	IFERGAN, KAREN	NAME	
STREET ADDRESS	600 PEEL STREET, SUITE 302/ MONTREAL	STREET ADDRESS	5440 Paré 2nd Floor / Mont-Royal
CITY-ST-ZIP	QUEBEC CANADA H3C 2H1,	CITY-ST-ZIP	Quebec, Canada H4P 1R3
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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 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: _____ 1/25/07 954 450 1711
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #