

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F10000004825

FILED  
Mar 19, 2012  
Secretary of State

Entity Name: EMMETROPE, INC.

**Current Principal Place of Business:**

560 VITTORIO AVE  
CORAL GABLES, FL 33146

**New Principal Place of Business:**

**Current Mailing Address:**

560 VITTORIO AVE  
CORAL GABLES, FL 33146

**New Mailing Address:**

FEI Number: 37-1612636

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GOLDBERG, JEFFREY L  
560 VITTORIO AVE  
CORAL GABLES, FL 33146 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

**OFFICERS AND DIRECTORS:**

Title: DPST  
Name: GOLDBERG, JEFFREY L  
Address: 560 VITTORIO AVE  
City-St-Zip: CORAL GABLES, FL 33146

Title: D  
Name: HALPERN, ALAN  
Address: 560 VITTORIO AVE  
City-St-Zip: CORAL GABLES, FL 33146

Title: D  
Name: GOLDBERG, ROGER A  
Address: 560 VITTORIO AVE  
City-St-Zip: CORAL GABLES, FL 33146

Title: AS  
Name: LEISCHNER, STEVEN  
Address: 1979 DOGWOOD DRIVE  
City-St-Zip: SCOTCH PLAINS, NJ 07076

I hereby 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 all other like empowered.

SIGNATURE: STEVEN LEISCHNER

AS

03/19/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date