

FILED

May 05, 2008 08:00 AM
Secretary of State**2008 FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # F29021

1. Entity Name
FRIEDRICH'S OPTICAL CORP.Principal Place of Business
328 WORTH AVE
PALM BCH, FL 33480Mailing Address
328 WORTH AVE
PALM BCH, FL 33480

04292008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE4. FEI Number
69-2086452Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required**2. Name and Address of Current Registered Agent**PAULICK, FRIEDRICH
328 WORTH AVE
PALM BCH, FL 33480**DO NOT WRITE
IN THIS SPACE**

3. 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 fee if applicable.

(NOTE: Registered Agents signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$350.00**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees**

000000948283

06/02/08-80045-024 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	PAULICK, FRIEDRICH
STREET ADDRESS	328 WORTH AVE
CITY-ST-ZIP	PALM BEACH, FL
TITLE	D
NAME	PAULICK, BRIGITTE
STREET ADDRESS	328 WORTH AVENUE
CITY-ST-ZIP	PALM BEACH, FL 33480
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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:

✓ B. Paulick / B. PAULICK

✓ 4.30.08 217688553

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #