


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 07, 2005 8:00 am**  
**Secretary of State**

04-07-2005 90036 014 \*\*\*150.00

<b>DOCUMENT # F30522</b> 1. Entity Name U.S. OPTICAL FRAME COMPANY	
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Principal Place of Business 4151 N.W. 124 AVENUE CORAL SPRINGS, FL 33065	Mailing Address 4151 N.W. 124 AVENUE CORAL SPRINGS, FL 33065
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**50034937**



01062005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2074498</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  LIPAWSKY, STEVEN R 4151 NW 124 AVENUE POMPANO BEACH, FL 33065
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting)</small>
DATE _____

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS LIPAWSKY, STEVEN R 4151 N.W. 124 AVENUE CORAL SPRINGS, FL 33065
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LIPAWSKY, STEVEN R 4151 N.W. 124 AVENUE CORAL SPRINGS, FL 33065
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER LIPAWSKY, SUSAN 4151 NW 124 AVE CORAL SPRINGS FL 33065 <i>ADDITION</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY LIPAWSKY, LAURA 4151 NW 124 AVE CORAL SPRINGS FL 33065 <i>ADDITION</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Susan Lipawsky</i> SUSAN LIPAWSKY <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>
Date <i>3/28/05</i> Daytime Phone # <i>954 656 1140</i>