

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # F36309 1. Entity Name MICRO OPTICS OF FLORIDA, INC.	
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Principal Place of Business 3491 S.W. 47TH AVENUE DAVIE, FL 33314	Mailing Address 3491 S.W. 47TH AVENUE DAVIE, FL 33314
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03302006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1687812	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent FOSBENDER, MARK 3222 BEECHBERRY CIRCLE DAVIE, FL 33328
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IN THIS SPACE**

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 _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FOSBENDER, MARK 3222 BEECHBERRY CIRCLE DAVIE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CELESTINE, RICHARD 8181 N.W. 13TH PLACE CORAL SPRINGS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CELESTINE, VICKI 8181 N.W. 13TH PLACE CORAL SPRINGS, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/29/06-80098-004 150.00

**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 -- changed, or on an attachment with an address with all other like empowered.

SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date 4/17/06	Daytime Phone # 954-791-0081
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