

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90075 047 ***150.00

DOCUMENT # F36309

1. Entity Name
MICRO OPTICS OF FLORIDA, INC.



Principal Place of Business
3491 S.W. 47TH AVENUE
DAVIE, FL 33314

Mailing Address
3491 S.W. 47TH AVENUE
DAVIE, FL 33314

40013670



02022007 No Chg-P CR2E034 (11/05)

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

FOSBENDER, MARK
3222 BEECHBERRY CIRCLE
DAVIE, FL 33328

**DO NOT WRITE
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 _____

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

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
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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone # _____