

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F36309

**FILED**  
**Jan 11, 2011**  
**Secretary of State**

**Entity Name:** MICRO OPTICS OF FLORIDA, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

3941 S.W. 47TH AVENUE  
DAVIE, FL 33314

**Current Mailing Address:**

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

**New Mailing Address:**

3941 S.W. 47TH AVENUE  
DAVIE, FL 33314

**FEI Number:** 59-1687812

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FOSBENDER, MARK  
3222 BEECHBERRY CIRCLE  
DAVIE, FL 33328 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: PD  
Name: FOSBENDER, MARK  
Address: 3222 BEECHBERRY CIRCLE  
City-St-Zip: DAVIE, FL 33328 US

Title: VP  
Name: CELESTINE, RICHARD  
Address: 8181 N.W. 13TH PLACE  
City-St-Zip: CORAL SPRINGS, FL 33065 US

Title: ST  
Name: CELESTINE, VICKI  
Address: 8181 N.W. 13TH PLACE  
City-St-Zip: CORAL SPRINGS, FL 33065 US

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: MARK FOSBENDER

PD

01/11/2011

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

\_\_\_\_\_  
Date