

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 05, 2004 08:00 AM
Secretary of State

DOCUMENT # F96000006775

1. Entity Name
LEHRER BRILLENPERFEKTION WERKS, INC.



Principal Place of Business
**20801 NORDHOFF STREET
CHATSWORTH, CA 91311**

Mailing Address
**20801 NORDHOFF STREET
CHATSWORTH, CA 91311**



01072004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
95-3927207

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**FUENTES, MARLENE
7311 NW 12TH ST.
MIAMI, FL 33122**

**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, 2004 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	PC LEHRER, KEITH 20801 NORDHOFF ST. CHATSWORTH, CA 91311
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS LEHRER, CHETT 20801 NORDHOFF ST. CHATSWORTH, CA 91311
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO SHOWERS, CHARLES A 20801 NORDHOFF ST. CHATSWORTH, CA 91311
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/05/04-80015-001 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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:

Charles A. Showers

Charles A. Showers CFO

4-01-04

(818) 407-1890

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #