


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2008 8:00 am
Secretary of State

02-08-2008 90025 017 ***150.00

DOCUMENT # F99000003342		
1. Entity Name ASPEX EYEWEAR INC.		

Principal Place of Business 2755 SW 32 AVENUE PEMBROKE PARK, FL 33023	Mailing Address 2755 SW 32 AVENUE PEMBROKE PARK, FL 33023
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



01232008 Chg-P CR2E034 (12/06)

4. FEI Number 11-3180519		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MREJEN, ARIE P.A. 701 W. CYPRESS CREEK RD., #302 FORT LAUDERDALE, FL 33309		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	

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, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	CPT <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IFERGAN, NONU	NAME	5440 PARE 2ND FL / MONT-ROYAL
STREET ADDRESS	343 CARLYLE	STREET ADDRESS	QUEBEC, CANADA H4P 1R2
CITY-ST-ZIP	MONT-FOYAL, QUEBEC H3C1T3,	CITY-ST-ZIP	
TITLE	CVPS <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IFERGAN, THIERRY	NAME	2755 SW 32 AVE
STREET ADDRESS	20945 N.E. 32 AVE	STREET ADDRESS	PEMBROKE PARK, FL 33023
CITY-ST-ZIP	AVENTURA, FL 33180	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IFERGAN, Yael	NAME	2755 SW 32 AVE
STREET ADDRESS	9601 COLLINS AVE #1404	STREET ADDRESS	PEMBROKE PARK, FL 33023
CITY-ST-ZIP	BAL HARBOUR, FL 33154	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IFERGAN, KAREN	NAME	5440 PARE 2ND FL / MONT ROYAL
STREET ADDRESS	6831 ASHKELON CR.	STREET ADDRESS	QUEBEC, CANADA, H4P 1R2
CITY-ST-ZIP	COTE-ST-LUC, QUEBEC H4W 3E4,	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: 	1/23/08 959450 1711
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #