


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2005 08:00 AM
Secretary of State

DOCUMENT # F99000005438	
1. Entity Name LUXOTTICA SUN CORP.	

Principal Place of Business 44 HARBOR PARK DRIVE PORT WASHINGTON, NY 11050	Mailing Address 44 HARBOR PARK DRIVE PORT WASHINGTON, NY 11050
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03312005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 11-3353045	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**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, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

U00000288763
04/05/05-80022-024 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY ST ZIP	PD DEL VECCHIO, CLAUDIO 44 HARBOR PARK DRIVE PORT WASHINGTON, NY 11050
TITLE NAME STREET ADDRESS CITY ST ZIP	V SERVIDORI, GUISEPPE 44 HARBOR PARK DRIVE PORT WASHINGTON, NY 11050
TITLE NAME STREET ADDRESS CITY ST ZIP	S BOXER, MICHAEL A 44 HARBOR PARK DRIVE PORT WASHINGTON, NY 11050
TITLE NAME STREET ADDRESS CITY ST ZIP	T GIANNOLA, VITO 44 HARBOR PARK DRIVE PORT WASHINGTON, NY 11050
TITLE NAME STREET ADDRESS CITY ST ZIP	D MISTRON, ENRICO 44 HARBOR PARK DRIVE PORT WASHINGTON, NY 11050
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 exemption stated in Section 119.07(3)(f), 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

3/31/05 516-484-3800
Date Daytime Phone #