

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 27, 2007 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**



03192007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**11-3353045**

Applied For  
Not Applicable

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**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	PD
NAME	DEL VECCHIO, CLAUDIO
STREET ADDRESS	44 HARBOR PARK DRIVE
CITY-ST-ZIP	PORT WASHINGTON, NY 11050
TITLE	S
NAME	BOXER, MICHAEL A
STREET ADDRESS	44 HARBOR PARK DRIVE
CITY-ST-ZIP	PORT WASHINGTON, NY 11050
TITLE	T
NAME	GIANNOLA, VITO
STREET ADDRESS	44 HARBOR PARK DRIVE
CITY-ST-ZIP	PORT WASHINGTON, NY 11050
TITLE	D
NAME	MISTRON, ENRICO
STREET ADDRESS	44 HARBOR PARK DRIVE
CITY-ST-ZIP	PORT WASHINGTON, NY 11050
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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**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 #

3/22/07 (516)  
918 3102