2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000005438

Entity Name: LUXOTTICA SUN CORP.

FILED Mar 16, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
44 HARBOR PARK DRIVE PORT WASHINGTON, NY 11050						
Current Mailing Address:			New Maili	New Mailing Address:		
44 HARBOR PARK DRIVE PORT WASHINGTON, NY 11050						
FEI Number: 11-3353045 FEI Number Applied For () FEI Number			FEI Number Not App	mber Not Applicable () Certificate of Status Desired ()		
Name and Address of Current Registered Agent: Name				ame and Address of New Registered Agent:		
NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE - SUITE 4 WESTON, FL 33331 US						
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			t	Date		
Election Campaign Financing Trust Fund Contribution ().						
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	P () D MIYAKAWE, ANTO 44 HARBOR PAR PORT WASHING	ONIO K DR	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	SD () D BOXER, MICHAE 44 HARBOR PAR PORT WASHING	K DRIVE	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	T () E GIANNOLA, VITO 44 HARBOR PAR PORT WASHING		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	D () C FAY, PIERRE 44 HARBOR PAR PORT WASHING		Title: Name: Address: City-St-Zip:		(X) Change () Addition RRE DR PARK DRIVE SHINGTON, NY 11050	
Title: Name: Address: City-St-Zip:	O () D SOCCI, DANIEL 44 HARBOR PAR PORT WASHING		Title: Name: Address: City-St-Zip:		(X) Change()Addition ANIEL DR PARK DR .SHINGTON, NY 11050	
Title: Name: Address: City-St-Zip:	V () C LEMAY, EMILE 44 HARBOR PAR PORT WASHING		Title: Name: Address: City-St-Zip:		() Change () Addition	
I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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						

SIGNATURE: DANIEL SOCCI

Electronic Signature of Signing Officer or Director

above, or on an attachment with an address, with all other like empowered.

Date

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03/16/2009