

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90294 028 ***150.00

DOCUMENT # H04131

1. Entity Name

JAZZY EYES, INC.



Principal Place of Business

2279 SOUTH UNIVERSITY DR.
DAVIE FL 33324

Mailing Address

2279 SOUTH UNIVERSITY DR.
DAVIE FL 33324

44067616



MOORE CR2E034 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2422958

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DANSEGLIO, RACHEL
2279 S UNIVERSITY DR
DAVIE FL 33324

7. Name and Address of New Registered Agent

Name

MICHAEL KIMMERMAN, O.D., P.A.

Street Address (P.O. Box Number is Not Acceptable)

2279 SO. UNIVERSITY DR.

City

DAVIE

FL

Zip Code

33324

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]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-9-04

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

| | | |
|----------------|------------------------|--|
| TITLE | PD | <input checked="" type="checkbox"/> Delete |
| NAME | DANSEGLIO, RACHEL | |
| STREET ADDRESS | 2279 S. UNIVERSITY DR. | |
| CITY-ST-ZIP | DAVIE FL | |
| TITLE | LDS | <input type="checkbox"/> Delete |
| NAME | KIMMERMAN, MICHAEL | |
| STREET ADDRESS | 1179 S UNIVERSITY DR | |
| CITY-ST-ZIP | DAVIE FL 33324 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|----|--|
| TITLE | PD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-9-04 954474

Date

Daytime Phone #