


**2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Apr 24, 2006 08:00 AM**  
**Secretary of State**

|  |         |   |         |
|--|---------|---|---------|
| <b>DOCUMENT # H58792</b>   |         |  |         |
| 1. Entity Name<br><b>SABAS OPTICAL SERVICE INC.</b>                    |         |   |         |
| Principal Place of Business<br>1427 BANKS RD.<br>MARGATE FL 33063-3941 |         | Mailing Address<br>1427 BANKS RD.<br>MARGATE FL 33063-3941                        |         |
| 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 <b>59-2550670</b>  |         | Applied For<br><input type="checkbox"/> Not Applicable                            |         |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/>   |         | <b>\$8.75</b> Additional Fee Required   |         |



1st MOORE CR2E034 (10/05)

|   |  |  |             |
|---|--|--|-------------|
| 6. Name and Address of Current Registered Agent                                   |  | 7. Name and Address of New Registered Agent        |             |
| <b>KLAHN, SABAS</b><br><b>11862 ISLAND LAKES LN</b><br><b>BOCA RATON FL 33478</b> |  | Name   |             |
|   |  | Street Address (P.O. Box Number is Not Acceptable) |             |
|   |  | City   | FL Zip Code |

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 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 |                                     |                | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11             |  |  |
|----------------------------|-------------------------------------|----------------|---|--|--|
| TITLE                      | PSD <input type="checkbox"/> Delete | TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |
| NAME                       | KLAHN, SABAS                        | NAME           |   |  |  |
| STREET ADDRESS             | 11862 ISLAND LAKES LANE             | STREET ADDRESS |   |  |  |
| CITY-ST-ZIP                | BOCA RATON FL 33478                 | CITY-ST-ZIP    |   | 1100000532207<br>05/06/06-80032-008 158.75 |  |
| 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    |   |  |  |
| 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 Section 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:**  **4/20/06** **954 977 0220**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #