2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 15, 2008 08:00 AN Secretary of State **DOCUMENT # H58792** 1. Entity Name SABAS OPTICAL SERVICE INC. Principal Place of Business Mailing Address 1427 BANKS RD. 1427 BANKS RD. MARGATE, FL 33063-3941 MARGATE, FL 33063-3941 CR2E034 (11/05) 05132008 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2550670 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent KLAHN, SABAS DO NOT WRITE 11862 ISLAND LAKES LN BOCA RATON, FL 33478 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE 18 \$150.00 In accordance with s. 607.193(2)(b), F.S., the Due by September 12, 2008 Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. 10. OFFICERS AND DIRECTORS TITLE **PSD** 06/04/08-80029-011 158.75 KLAHN, SABAS NAME STREET ADDRESS 11862 ISLAND LAKES LANE CITY - ST- 7IP BOCA RATON, FL 33478 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplementar 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 prustee 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

STREET ADDRESS CITY-ST-ZIP ΠLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE: