

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Aug 08, 2005 08:00 AM
Secretary of State**

DOCUMENT # H61955 1. Entity Name SUPEROPTICAL INC.	
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Principal Place of Business % JUAN E. LOPEZ 3805 W. 16TH AVENUE HIALEAH, FL 33012	Mailing Address % JUAN E. LOPEZ 3805 W. 16TH AVENUE HIALEAH, FL 33012
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07062005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2600892	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent LOPEZ, JUAN E. 1340 S.W. EIGHTH ST. MIAMI, FL 33135

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

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

(NOTE: Registered Agent's signature required when reinstating)

DATE

**U00000375821
08/08/05-80002-009 150.00**

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DP LOPEZ, JUAN E. 1340 S.W. 8 ST. MIAMI, FL
TITLE NAME STREET ADDRESS CITY- ST- ZIP	S LOPEZ, CARMEN 1340 S.W. 8 ST. MIAMI, FL
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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 exemption stated in Section 119.07(3)(c), 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:

Carmen S. Lopez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Carmen S. Lopez
Secretary
8-5-05 (305) 821-7654
Daytime Phone #