

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # J04732

1. Entity Name
SOUTH SHORE OPTICIANS BOCA, INC.



FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90538 012 ***150.00

Principal Place of Business
1944 N.E. 5TH AVE.
BOCA RATON, FL 33431-7702

Mailing Address
1944 N.E. 5TH AVE.
BOCA RATON, FL 33431-7702



04292005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1048261

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FREEDMAN, RICHARD
1944 N.E. 5TH AVE.
BOCA RATON, FL 33432

**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 signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PST FREEDMAN, RICHARD 1944 NE 5TH AVE BOCA RATON, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FREEDMAN, RICHARD 1944 NE 5TH AVE BOCA RATON, 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)(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:

Richard Freedman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/05 *5613682872*
DATE Daytime Phone #