

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2005 08:00 AM
Secretary of State

DOCUMENT # J23533 1. Entity Name STYLE SITE OPTICAL, INC.	
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Principal Place of Business % STANLEY ELBRAND 19013 BISCAYNE BLVD. NORTH MIAMI BEACH, FL 33180	Mailing Address % STANLEY ELBRAND 19013 BISCAYNE BLVD. NORTH MIAMI BEACH, FL 33180
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DO NOT WRITE IN THIS SPACE



03202005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2695931	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

ELBRAND, STANLEY
3650 N 36 AVENUE
UNIT 28
HOLLYWOOD, FL 33021

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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 _____ (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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELBRAND, STANLEY 3650 N 36 AVENUE UNIT 28 HOLLYWOOD, FL 33021
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV ELBRAND, CHERYL 3650 N 36 AVENUE UNIT 28 HOLLYWOOD, FL 33021
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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: CHERYL ELBRAND 4/12/05 305 935-5250

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #