

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 28, 2008 8:00 am
Secretary of State

01-28-2008 90039 044 ***150.00

DOCUMENT # J23533

1. Entity Name
STYLE SITE OPTICAL, INC.



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

40011125



01212008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	ELBRAND, STANLEY
STREET ADDRESS	3650 N 36 AVENUE UNIT 28
CITY-ST-ZIP	HOLLYWOOD, FL 33021
TITLE	DV
NAME	ELBRAND, CHERYL
STREET ADDRESS	3650 N 36 AVENUE UNIT 28
CITY-ST-ZIP	HOLLYWOOD, FL 33021
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: *Cheryl Elbrand* **CHERYL ELBRAND**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/24/08 **305 935 5250**
Date Daytime Phone #