2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000117757

Entity Name: EYE TECH SOLUTIONS, LLC

2965 NE 185TH STREET APT. 1508

AVENTURA, FL 33180

Address:

City-St-Zip:

FILED Jul 06, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 21085 NE 34TH AVE APT 103 19501 NE 10TH AVENUE AVENTURA, FL 33180 303 NORTH MIAMI, FL 33179 **Current Mailing Address: New Mailing Address:** 21085 NE 34TH AVE APT 103 3134 NE 211 ST AVENTURA, FL 33180 AVENTURA, FL 33180 FFI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SACFI CORP 11365 NW 50 TERRACE DORAL, FL 33178 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. SIGNATURE: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGR Title: () Change () Addition () Delete WEINSTEIN, ILAN Name: Name: Address: 3134 NE 211 ST. Address: City-St-Zip: AVENTURA, FL 33180 City-St-Zip: Title: MGR () Delete Title: () Change () Addition Name: AGUILLON, IGOR Name: Address: 3300 NE 191ST, STREET APT, 1906 Address: City-St-Zip: AVENTURA, FL 33180 24 City-St-Zip: Title: MGR () Delete Title: () Change () Addition KLEIN, ANDRES Name: Name: 1811 E TRAFALGAR CIRCLE Address: Address: City-St-Zip: HOLLYWOOD, FL 33020 City-St-Zip: Title: MGR () Delete Title: () Change () Addition Name: NAIERMAN, SAMUEL Name:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

Address:

City-St-Zip:

SIGNATURE: ILAN WEINSTEIN MGR 07/06/2007