

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90016 022 ***150.00

DOCUMENT # L34261 1. Entity Name MDE OPTICAL, INC.					
Principal Place of Business % MARLENE D. ERSOFF 4884 S. KIRKMAN ROAD ORLANDO, FL 32811-3650 US			Mailing Address % MARLENE D. ERSOFF 4884 S. KIRKMAN ROAD ORLANDO, FL 32811-3650 US		
2. Principal Place of Business - No P.O. Box # 9773 GAULT STREET Suite, Apt. #, etc.		3. Mailing Address P.O. BOX 691154 Suite, Apt. #, etc.			
City & State ORLANDO, FL		City & State ORLANDO, FL		4. FEI Number 59-2980694	
Zip 32836		Country USA		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ERSOFF, MARLENE D. 9773 GAULT ST. ORLANDO, FL 32836			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ERSOFF, MARLENE D. 9773 GAULT ST. ORLANDO, FL 32836 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ERSOFF, BURTON A. 9773 GAULT ST. ORLANDO, FL 32836 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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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: <i>Marlene Ersoff</i> MARLENE ERSOFF, PRES. 4/10/08 321-438-4810 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					