## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

## Feb 01, 2008 08:00 AN **DOCUMENT #L35831 Secretary of State** 1. Entity Name O.D. OPTICAL, INC. Principal Place of Business Mailing Address % RICHARD BARNES % RICHARD BARNES 78 NW 37TH ST 78 NW 37TH ST MIAMI, FL 33127 MIAMI, FL 33127 01242008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0153169 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BARNES, RICHARD DO NOT WRITE 78 NW 37TH ST MIAMI, FL 33127 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 aignature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE 18 \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE BARNES, RICHARD NAME 78 NW 37TH ST #3984 STREET ADORESS CITY-ST-ZIP MIAMI, FL TITLE U00000809910 02/08/08-80041-019 150.00 NAME STREET ADDRESS CiTY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7/P 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 eath; 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

ATURE AND TYPED OR MENTED NAME OF SIGNING OFFICER OR DIRECTOR

BARNE

FILED