2004 FOR PROFIT CORPORATION - ANNUAL REPORT

Apr 07, 2004 08:00 AM Secretary of State **DOCUMENT # L80064** 1. Entity Name CARDENAS OPTICAL, INC. Mailing Address Principal Place of Business % EVA BALSEIRO % EVA BALSEIRO 2779 SW 31ST AVE 2779 SW 31ST AVE MIAMI, FL 33133 MIAMI, FL 33133 02172004 No Chg-P CR2E034 (10/03) 4. FEI Numbe Applied For 65-0229065 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent BALSEIRO, EVA 2779 SW 31ST AVE MIAMI, FL 33133 \$. 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, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees U00000105305 (14/11704-80021-812-150.66 OFFICERS AND DIRECTORS 18. TITLE MARIF BALSEIRO, EVA 2779 SW 31ST AVE STREET ADDRESS CITY-ST-ZIP MIAMI, FL BILE NAME STREET ADDRESS CITY-ST-ZIP BILE NAME STREET ADDRESS CTTY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CXTY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 ampowered to execute this eport 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 at other like empowered. EVEL PUBLISHED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR SIGNATURE:

FILED

Daytime Phone &