

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L80988

FILED  
Apr 26, 2009  
Secretary of State

Entity Name: A BETTER BLIND, INC.

**Current Principal Place of Business:**

5350 NW 165TH ST  
HIALEAH, FL 33014 US

**New Principal Place of Business:**

**Current Mailing Address:**

5350 NW 165TH ST  
HIALEAH, FL 33014 US

**New Mailing Address:**

FEI Number: 65-0198345      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GLASER, ALLAN M.  
11900 BISCAYNE BLVD.  
BISCAYNE CENTER, STE. 807  
MIAMI, FL 33181 US

**Name and Address of New Registered Agent:**

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PTD ( ) Delete  
Name: GEBARA, MYRIAM  
Address: 16201 NW 49TH AVENUE  
City-St-Zip: MIAMI, FL 33014 US

Title: SD ( ) Delete  
Name: GEBARA, ROBERT  
Address: 16201 N.W. 49TH AVENUE  
City-St-Zip: MIAMI, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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 or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MYRIAM GEBARA

PTD

04/26/2009

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date