


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # L86939
 1. Entity Name
FASHION OPTICAL CENTER, INC.



Principal Place of Business Mailing Address
3682 W OAKLAND PARK BLVD. **3682 W OAKLAND PARK BLVD.**
LAUDERDALE LAKES, FL 33311 **LAUDERDALE LAKES, FL 33311**

DO NOT WRITE IN THIS SPACE



01232006 No Chg-P CR2E034 (11/06)

4. FEI Number
65-0204739 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
CUKIERMAN, AMIR
3682 W OAKLAND PARK BLVD.
LAUDERDALE LAKES, FL 33311

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CUKIERMAN, AMIR 3682 W OAKLAND PARK BLVD LAUDERDALE LAKES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BALGLEY, ROBERT 3682 W OAKLAND PARK BLVD LAUDERDALE LAKES, FL 33311
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 02/10/06-80006-019 150.00

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: X Robert Balgley Date: X 1/27/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #