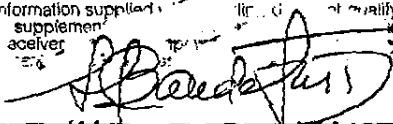


FILED
Mar 24, 2006 08:00 AM
Secretary of State

DOCUMENT # M37023 1. Entity Name L. & M. OPTICAL, INC.				Secretary of State	
Principal Place of Business 8360 WEST FLAGLER STREET #100 MIAMI, FL 33144		Mailing Address 8360 WEST FLAGLER STREET #100 MIAMI, FL 33144			
DO NOT WRITE IN THIS SPACE				01182006 No Chg-P CR2E034 (11/05)	
				4. FEI Number 59-2779861	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FORMOSO-MURIAS, HECTOR ESQ C/O ZIMBLE FORMOSO-MURIAS PA 401 SW 27TH AVENUE MIAMI, FL 33135				DO NOT WRITE 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 signature required when reinstating)				DATE _____	
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		1100000473586 04/10/06-80010-001 150.00	
10. OFFICERS AND DIRECTORS				DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DPT BOUDET, LEONOR M 1711 SW 104TH AVE. MIAMI, FL			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DVS GALINDEZ, MARIA G 1701 S.W. 104TH AVE. MIAMI, FL			
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
12. I hereby certify that the information supplied is true and correct, and that I am an officer or director of the corporation or partnership, and that my name appears in Block 10 or Block 11 of this document. I further certify that the information indicated on this report supplement or alter the information previously reported, and that I am an officer or director of the corporation or partnership, and that my name appears in Block 10 or Block 11 of this document.					
SIGNATURE:  3/2/06					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____					