2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # M37023

1. Entity Name
L. & M. OPTICAL, INC.

Principal Place of Business	Mailing Address
8360 WEST FLAGLER STREET #100 MIAMI, FL 33144	8360 WEST FLAGLER STREET #100 MIAMI, FL 33144

01182006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2779861
☐ Applied For
☐ Not Applicable

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

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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 _____
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

110000047358
04/10/06-80010-001 150.00

10. OFFICERS AND DIRECTORS

TITLE	DPT
NAME	BOUDET, LEONOR M
STREET ADDRESS	1711 SW 104TH AVE.
CITY-ST-ZIP	MIAMI, FL
TITLE	DVS
NAME	GALINDEZ, MARIA G
STREET ADDRESS	1701 S.W. 104TH AVE.
CITY-ST-ZIP	MIAMI, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this report is true. I further certify that I am qualified 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 alteration.

SIGNATURE: _____ 3/2/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #