

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT # M62995

1. Entity Name

KENDALL OPTICAL CENTER, INC.



Principal Place of Business

C/O MEL SANDBERG
7400 N. KENDALL DRIVE, STE.110
MIAMI, FL 33156

Mailing Address

C/O MEL SANDBERG
7400 N. KENDALL DRIVE, STE.110
MIAMI, FL 33156



02032004

No Chg-P

CR2E034 (10/03)

4. FEI Number

65-0018730

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SANDBERG, MEL
7400 N. KENDALL DRIVE
STE.110
MIAMI, FL 33156

**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, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000/20018
04/19/04-80119-004 150.00

10. OFFICERS AND DIRECTORS

TITLE D
NAME SANDBERG, MELVIN
STREET ADDRESS 8501 SW 106TH ST.
CITY-ST-ZIP MIAMI, FL

TITLE D
NAME SANDBERG, CLAIRE
STREET ADDRESS 7400 N. KENDALL DRIVE, STE. #110
CITY-ST-ZIP MIAMI, FL 33156

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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 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 *Melvin Sandberg* MELVIN SANDBERG

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/11/04

305-670-6060