

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 27, 2006 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



**DO NOT WRITE IN THIS SPACE**

02232006 No Chg-P CR2E034 (11/05)

4. FEI Number  
65-0018730  
Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

U00000537352

05/09/06-80014-003 150.00

**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	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
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 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: *Melvin Sandberg* MELVIN SANDBERG

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-06

Date

305-670-6060

Daytime Phone #