Apr 16 07 11:33p p.1

Jul 26 20 03:46p Magali Puig 305-442-8714 p.1

FILED
2007 JUL 27 PM 12:01
SECRETARY OF STATE
TALLAHASSEE FLORIDA

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # M65470

1. Entity Name
LOLY'S OPTICAL, INC.

Principal Place of Business	Mailing Address
DOLORES C PEREZ-MACEDA 3727 SW 8TH ST. SUITE 103 CORAL GABLES, FL 33134	DOLORES C.PEREZ-MACEDA 3727 SW 8TH ST. SUITE 103 CORAL GABLES, FL 33134

07262007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
LOLY'S OPTICAL		SAME	
Suite, Apt. #, etc. SUITE # 103		Suite, Apt. #, etc.	
City & State MIAMI FLORIDA		City & State	
Zip 33134	Country DADE	Zip	Country

4. FEI Number 65-0037366 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PEREZ-MACEDA, DOLORES C 440 SOUTH EAST 5 TERRACE POMPANO BEACH, FL 33060	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PEREZ-MACEDA, DOLORES C 440 SOUTH EAST 5 TERRACE POMPANO BEACH, FL 33060	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 100107464761 08/07/07--01053--009 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DIAZ-OLIVA, ANEIDA T 1766 S.W. 131 PL. CIR SOUTH MIAMI, FL 33175	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: [signature] 7-26-07 305 446-8220
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Williams JUL 27 2007

June 16, 2007

Division of Corporations
P.O. Box 6198
Tallahassee, Florida 32314-6198

Re: **Loly's Optical, Inc.**
3727 S.W. 8th Street
Suite # 103
Miami, Florida 33134-3158

Doc. Number: **M65470**
FEI Number: **65-0037366**

Gentleman:
Enclosed please find Reinstatement form, for the above corporation and a check in the amount $ 150.00 for the year 2007.

We never received the form for the report, please abate the penalty since we were not aware that it was not done.

Thanking you for your help and cooperation in this matter.

Cordially,

Loly's Optical, Inc.