


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90406 032 ***150.00

DOCUMENT # M65470 1. Entity Name LOLY'S OPTICAL, INC.	
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Principal Place of Business % DELORES C. PEREZ-MACEDA 3727 SW 8TH ST. SUITE 103 CORAL GABLES, FL 33134	Mailing Address % DELORES C. PEREZ-MACEDA 3727 SW 8TH ST. SUITE 103 CORAL GABLES, FL 33134
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DO NOT WRITE IN THIS SPACE



04232008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0037366	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent PEREZ-MACEDA, DOLORES C 440 SOUTH EAST 5 TERRACE POMPAÑO BEACH, FL 33060	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P PEREZ-MACEDA, DOLORES C 440 SOUTH EAST 5 TERRACE POMPAÑO BEACH, FL 33060
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S DIAZ-OLIVA, ANEIDA T 1766 S.W. 131 PL. CIR SOUTH MIAMI, FL 33175 <i>Delete</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 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: X 	4-24-08 Date	305-446-8220 Daytime Phone #
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