

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2006 08:00 AM
Secretary of State

ÜNÝÉÓÜÒÌ ý M78063 1. Entity Name BOCARAY OPTICAL, INC.	
--	---

Principal Place of Business 5420 NW 86TH TERR CORAL SPRINGS, FL 33067	Mailing Address 5420 NW 86TH TERR CORAL SPRINGS, FL 33067
--	--

DO NOT WRITE IN THIS SPACE



02242006 0±Y.100 Y1100n d1r0e+

4. FEI Number 65-0048090	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 0 004 7-12 1 0.1.0.0.0.0

6. Name and Address of Current Registered Agent

ROLNICK, HERBERT L
9734 W. SAMPLE ROAD
CORAL SPRINGS, FL 33065

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 0 0 0 P- 0 0 0 0 0 0 0 0 0 0
---	---	---

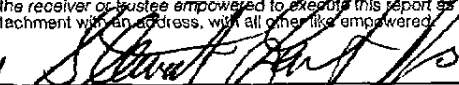
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LANTZ, STEWART 5420 NW 86TH TERR CORAL SPRINGS, FL 33067
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST LANTZ, IRENE 5470 NW 86 TERR CORAL SPRINGS, FL 33067
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

000000502617
04/25/06-80111-005 150.00

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date 4/6/07 Daytime Phone (954) 464 3589
---	---