

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000061975

Entity Name: THE EYEGLASS MAN, INC.

**FILED**  
**Jan 10, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

5865 N. UNIVERSITY DR.  
TAMARAC, FL 33321

**New Principal Place of Business:**

**Current Mailing Address:**

5865 N. UNIVERSITY DR.  
TAMARAC, FL 33321

**New Mailing Address:**

FEI Number: 65-1023075

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LEVINE, MARTIN  
5865 N. UNIVERSITY DR.  
TAMARAC, FL 33321 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: LEVINE, MARTIN  
Address: 5865 N. UNIVERSITY DR.  
City-St-Zip: TAMARAC, FL 33321

Title: VP  
Name: LEVINE, SUSAN  
Address: 1242 NW 111 AVE.  
City-St-Zip: CORAL SPRINGS,, FL 33071 FL

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MARTIN LEVINE

PRES

01/10/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date