

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 22, 2006 8:00 am
Secretary of State

03-22-2006 90017 036 ***150.00

DOCUMENT # P00000077251

1. Entity Name
IDENTITY EYEWARE, INC.



Principal Place of Business
**4660 N HIATUS ROAD
SUNRISE, FL 33351**

Mailing Address
**4660 N HIATUS ROAD
SUNRISE, FL 33351**



03092006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1039726

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**JACOBSEN, SAMUEL
9523 NW 42 ST
SUNRISE, FL 33351**

**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]
Signature, typed or printed name of registered agent and title if applicable.

Samuel Jacobson
(NOTE: Registered Agent signature required when reinstating)

3-9-06
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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	JACOBSON, SAMUEL
STREET ADDRESS	4660 N HIATUS ROAD
CITY-ST-ZIP	SUNRISE, FL 33351
TITLE	VP
NAME	COHEN HAREL, YIGUL
STREET ADDRESS	4660 N HIATUS RD.
CITY-ST-ZIP	SUNRISE, FL 33351
TITLE	SOPHIE JACOBSON -
NAME	Secretary
STREET ADDRESS	4660 N Hiatus Rd.
CITY-ST-ZIP	SUNRISE, FL 33351
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:

Samuel Jacobson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-9-06
Date

954-742-3020
Daytime Phone #