

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 13, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P00000084447**

1. Entity Name

FLORIDA OPTICAL CASES, INC.



Principal Place of Business

1829 NW 22 STREET  
MIAMI, FL 33142

Mailing Address

1829 NW 22 STREET  
MIAMI, FL 33142



02032006

No Chg-P

CR2E034 (11/05)

4. FEI Number

65-1039624

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.  
1829 NW 22 ST.  
MIAMI BEACH, FL 33140

**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** May Be  
Added to Fees

04/27/06-80029-013 150.00

10.

OFFICERS AND DIRECTORS

TITLE	PTD
NAME	PEREZ, NIVIDA
STREET ADDRESS	1829 NW 22 STREET
CITY- ST- ZIP	MIAMI, FL 33142
TITLE	VSD
NAME	PEREZ, PEDRO L
STREET ADDRESS	1829 NW 22 STREET
CITY- ST- ZIP	MIAMI, FL 33142
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**

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:

*Nivida* President  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/11/06 305-325-14-94  
Date Daytime Phone #