


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # P00000098147</b>		
1. Entity Name OPTICAL DEPOT CORP.		

Principal Place of Business 11344 QUAIL ROOST DRIVE MIAMI, FL 33157	Mailing Address 11344 QUAIL ROOST DRIVE MIAMI, FL 33157
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DO NOT WRITE IN THIS SPACE

FILED  
04 APR 30 PM 4: 37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



04292004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1048356	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  MAGNUM, PAUL 12841 S.W. 47TH TERRACE MIAMI, FL 33157
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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, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fee	200035820692 10/04--01072--014 **150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD MAGNUM, PAUL 12841 S.W. 47TH TERRACE MIAMI, FL 33175
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 Daytime Phone #