2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000008920

1. Entity Name
GISEL'S OPTICAL INC.

Principal Place of Business	Mailing Address
8150 SW 8TH STREET SUITE 203 MIAMI, FL 33144	8150 SW 8TH STREET SUITE 203 MIAMI, FL 33144

DO NOT WRITE IN THIS SPACE

44044134

04282004   No Chg-P   CR2E034 (10/03)

4. FEI Number 65-1080767	Applied For
	Not Applicable

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

6. Name and Address of Current Registered Agent

JUNCO, GISELA L
8150 SW 8TH STREET
SUITE 203
MIAMI, FL 33144

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, 2004 Fee will be $550.00 | **9.** Election Campaign Financing
Trust Fund Contribution.   ☐ | **$5.00** May Be
Added to Fees | |

10.   OFFICERS AND DIRECTORS

TITLE	PSTD
NAME	JUNCO, GISELA L
STREET ADDRESS	8150 SW 8TH STREET
CITY-ST-ZIP	MIAMI, FL 33144

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____   Gisela L Junco   04/27/04   262 0005

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #