## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P01000015472

Entity Name: TRI-COUNTY OPTICAL LABORATORIES, INC.

FILED Jan 21, 2008 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:

1205 S. POWERLINE RD.

POMPANO BCH, FL 33069

2900 W. CYPRESS CREEK RD
FORT LAUDERDALE, FL 33309

Current Mailing Address: New Mailing Address:

1205 S. POWERLINE RD. 2900 W. CYPRESS CREEK RD POMPANO BCH, FL 33069 FORT LAUDERDALE, FL 33309

FEI Number: 65-1098612 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

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

COPPOLA, PATRICE

1205 S. POWERLINE RD.

POMPANO BCH, FL 33069 US

COPPOLA, PATRICE

2900 W. CYPRESS CREEK

FORT LAUDERDALE, FL 33309 US

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: PATRICE COPPOLA 01/21/2008

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

EDWARDS, DAVID

1215 SW 8TH ST.

BOCA RATON, FL 33486

Name:

Address: City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D ( ) Delete Title: D (X) Change ( ) Addition

Name:COPPOLA, ROBERT CName:COPPOLA, ROBERT CAddress:1205 S POWERLINE RDAddress:2900 WEST CYPRESS CREEK ROADCity-St-Zip:POMPANO BCH, FL 33069City-St-Zip:FORT LAUDERDALE, FL 33309

Title: D ( ) Delete Title: D (X) Change ( ) Addition

Name: MATUS, GERALD E Name: MATUS, GERALD E

Address: 1205 S POWERLINE RD Address: 2900 WEST CYPRESS CREEK ROAD City-St-Zip: POMPANO BEACH, FL 33069 City-St-Zip: FORT LAUDERDALE, FL 33309

Title: D ( ) Delete Title: ( ) Change ( ) Addition

Name: Address: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ROBERT COPPOLA D 01/21/2008