

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 09, 2004 8:00 am**  
**Secretary of State**

03-09-2004 90041 011 \*\*\*150.00

<b>DOCUMENT # P01000028510</b>	
1. Entity Name <b>C R EYEWEAR INTERNATIONAL, INC.</b>	



Principal Place of Business <b>2433 CENTERGATE DRIVE APT 104 MIRAMAR FL 33025</b>	Mailing Address <b>542 SW 12TH AVENUE SUITE 1 MIAMI FL 33130</b>
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**94026340**



MOORE CR2E034 (11/03)

2. Principal Place of Business <b>2509 CENTERGATE DRIVE</b>	3. Mailing Address <b>542 SW. 12TH AVENUE</b>
Suite, Apt. #, etc. <b>101</b>	Suite, Apt. #, etc. <b>1</b>

City & State <b>MIRAMAR, FL.</b>	City & State <b>MIAMI, FL.</b>
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4. FEI Number <b>65-1085766</b>	Applied For <input type="checkbox"/> Not Applicable
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Zip <b>33025</b>	Country <b>U.S.A.</b>	Zip <b>33130</b>	Country <b>U.S.A.</b>
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>ROMERO, CARLOS M 542 SW 12TH AVENUE SUITE 1 MIAMI FL 33130</b>	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	<b>FL</b> Zip Code

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 *X* **CARLOS ROMERO** PRESIDENT DATE **2/13/04**

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROMERO, CARLOS M 2433 CENTERGATE DRIVE, APT 104 MIRAMAR FL 33025 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ROMERO, CARLOS R 2433 CENTERGATE DRIVE, APT 104 MIRAMAR FL 33025 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROMERO, CARLOS M. 2509 CENTERGATE DRIVE, APT. 101 MIRAMAR, FL., 33025 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ROMERO, CARLOS R. 2509 CENTERGATE DRIVE, APT. 101 MIRAMAR, FL., 33025 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *X* **CARLOS ROMERO** PRESIDENT DATE **2/13/04** (786) 326-8424

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