


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 20, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000032344 1. Entity Name LUCKY EYES, INC.	
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Principal Place of Business 401 BISCAYNE BLVD P117 MIAMI, FL 33132 US	Mailing Address 3985 WEST GARDENIA AVE WESTON, FL 33332 US
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06152005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 23-0854739	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

SAATCI, SUSAN
3985 WEST GARDENIA AVE
WESTON, FL 33332

**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 _____ DATE _____
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
Due by September 7, 2005**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SAATCI, KERIM 3985 WEST GARDENIA AVE WESTON, FL 33332
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V SAATCI, SUSAN 3985 WEST GARDENIA AVE WESTON, FL 33332
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06/20/05-80002-021 150.00

**DO NOT WRITE
IN THIS SPACE**

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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06-16-05 x305-984 3352
Date Daytime Phone #