

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)


FILED
Jul 28, 2004 8:00 am
Secretary of State

07-06-2004 90111 007 ***150.00

66430734



MOORE CR2E034 (4/04)

DOCUMENT # P02000007297					
1. Entity Name EYE CATCH, INC.					
Principal Place of Business 19000 N.W. 27TH AVENUE APT. 308 MIAMI FL 33056			Mailing Address 19000 N.W. 27TH AVENUE APT. 308 MIAMI FL 33056		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 50-0005422	
				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ETIENNE, HERODE 19000 N.W. 27TH AVENUE APT. 308 MIAMI FL 33056			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$550.00 DUE BY September 8, 2004 Make Check Payable to Florida Department of State			S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input type="checkbox"/>		
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D ETIENNE, HERODE <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS	19000 N.W. 27TH AVENUE, APT. 308		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33056		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
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TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>Gerard Etienne</i>			7/22/04 (305)624-1826		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

Attachment 66430752
7020000127 Division of Corporations
Corporate Records

Post Office Box 6327
Tallahassee, Florida 32314

Herode Etienne
19000 N.W. 27th Avenue
Apt. 308
Miami, FL 33056

To whom it may concern:

First and foremost, am writing
due to the fact that I have
not receive a form for the
Eye Catch Corporation that I own.
Usually, within the month of
May I would receive a form
in order to make payments on
behalf of the business. I
would really appreciate you
sending this form which can
prevent me from late fee
charges.

Sincerely,
