

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT (AR)**

DOCUMENT # P02000007297

1. Entity Name

EYE CATCH, INC.



**FILED**

**Apr 27, 2005 08:00 AM**  
**Secretary of State**



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

Zip

Country

Country

4. FEI Number

50-0005422

Applied For  
Not Applicable

5. Certificate of Status Desired

\$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

*Herode Etienne*  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/24/05

FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee Will Be \$550.00  
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D  Delete  
NAME ETIENNE, HERODE  
STREET ADDRESS 19000 N.W. 27TH AVENUE, APT. 308  
CITY-ST-ZIP MIAMI FL 33056

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
000000334975  
04/27/05-80067-015 150.00

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
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STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
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:

*Herode Etienne*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/05 (305) 624-1826  
Daytime Phone #