FILED
May 22, 2003 8:00 am
Secretary of State

4/1

04-17-2003 90209 025 ***150.00

55043088

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000009879

1. Entity Name
EYES OF THE WORLD, INC.

Principal Place of Business	Mailing Address
9142 SE APOLLO ST HOPE SOUND, FL 33455	9142 SE APOLLO ST HOPE SOUND, FL 33455

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
SAME		P.O. BOX 1751 HOBE Sound	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: FL		City & State: FL.	
Zip	Country	Zip: 33475	Country

4. FEI Number: 80-0004970 ☐ 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
MASTRANGELO, MICHAEL P 9142 SE APOLLO ST HOPE SOUND, FL 33455	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 [signature] 04/09/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

[illegible]

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	PRESIDENT ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	MICHAEL MASTRANGELO	NAME	
STREET ADDRESS	9142 SE APOLLO ST.	STREET ADDRESS	
CITY-ST-ZIP	HOBE SOUND FL. 33475	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (10/02)

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] 04/09/03 (772) 545-1907
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment
Doc# P02000098779
55043088

EYES OF THE WORLD, INC.

P.O.BOX 1751 HOBE SOUND, FL. 33475
TOLL FREE:866-593-9666 FAX:772-546-1947

May 19, 200

To Whom It May Concern:

Michael Mastrangelo is the President of Eyes of the World, Inc.

9142 SE Apollo St. Hobe Sound, FL. 33475

772-545-1907

Respectfully Submitted,

Michael Mastrangelo
President

EMAIL: EYESOFTHEWORLDPI@AOL.COM

WEB SITE: WWW.GEOCITIES.COM/EYESOFTHEWORLDUS