

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 10, 2006 8:00 am
Secretary of State

02-10-2006 90015 037 ***150.00

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1. Entity Name

OPTICLUB USA, INC.



Principal Place of Business

1840 WEST 49 ST.
220
HIALEAH FL 33012

Mailing Address

1470 W 41 STREET
113
HIALEAH FL 33012



2. Principal Place of Business

1840 W 49 ST
Suite, Apt. #, etc.
220-11

3. Mailing Address

Suite, Apt. #, etc.
220-11

City & State

Hialeah, FL
Zip 33012 Country USA

City & State

Zip Country

1st MOORE

CR2E034 (10/05)

4. FEI Number

02-0614351

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RODRIGUEZ, HILARIO
1470 W 41 STREET
113
HIALEAH FL 33012

7. Name and Address of New Registered Agent

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 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

TITLE P ☐ Delete
NAME RODRIGUEZ, HILARIO
STREET ADDRESS 1470 W 41 STREET # 113
CITY-ST-ZIP HIALEAH FL 33012

TITLE V ☐ Delete
NAME MIRTA, VILLAR A
STREET ADDRESS 1470 W 41 STREET # 113
CITY-ST-ZIP HIALEAH FL 33012

TITLE TS ☐ Delete
NAME GONZALEZ, MIRTHA F
STREET ADDRESS 1470 W 41 STREET # 113
CITY-ST-ZIP HIALEAH FL 33012

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

Hilario Rodriguez P. 01/28/06 305 4019326