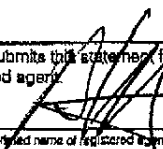
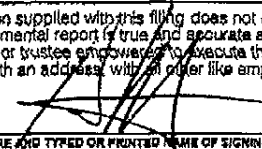


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED**
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000042094 1. Entity Name GOLD VISION DESIGN EYEWEAR, INC.			
Principal Place of Business 2400 W. 84 ST #14 HIALEAH, FL 33016		Mailing Address PO BOX 14082 CORAL GABLES, FL 33114	
DO NOT WRITE IN THIS SPACE			
6. Name and Address of Current Registered Agent POLANCO, ALEXANDER 18112 NW 91 CT MIAMI, FL 33018		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: 4/27/06 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 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP POLANCO, ALEXANDER 8782 NW 141 TERRACE MIAMI, FL 33018		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS ALCANTUZ, JULIANA 8782 NW 141 TERRACE MIAMI, FL 33018		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	U00000552914 05/15/06-80029-023 150.00 DO NOT WRITE IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE 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 Chapter 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 an officer like empowered. SIGNATURE:  DATE: 4/27/06 TELEPHONE: 786-271-1316 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			