

01/14/2004 14:56

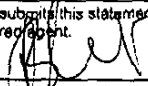
954-677-2539

FMC MICROBI

FILED
Jan 22, 2004 8:00 am
Secretary of State

01-22-2004 90003 032 ***150.00

**2004 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P02000045748		
1. Entity Name EYE OPENERZ, P.A.		
Principal Place of Business 10441 NW 6 CT POMPANO BEACH, FL 33071		Mailing Address 10441 NW 6 CT POMPANO BEACH, FL 33071
DO NOT WRITE IN THIS SPACE		
01142004 No Chg-P CR2E034 (10/03) 4. FEI Number 03-0434217 Applied For Not Applicable 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent BHUTA, PRIYA 10447 NW 6TH CT POMPANO BEACH, FL 33071		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: 1/15/04 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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	PVST BHUTA, PRIYA 10441 NW 6 CT POMPANO BEACH, FL 33071 <i>5005 Maxwell Cir 201 Naples, FL 34105</i>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BHUTA, PRIYA 10441 NW 6TH CT POMPANO BEACH, FL 33071 <i>5005 Maxwell Cir 201 Naples, FL 34105</i>	
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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:  DATE: 1/15/04 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		

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