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.

94004069

Principal Place of Business	Mailing Address
10441 NW 6 CT POMPANO BEACH, FL 33071	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

5. Name and Address of Current Registered Agent

BHUTA, PRIYA
10447 NW 6TH CT
POMPANO BEACH, FL 33071

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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 _____ 1/15/04
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, 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	PVST
NAME	BHUTA, PRIYA
STREET ADDRESS	10441 NW 6 CT 5005 Maxwell Cir 201
CITY-ST-ZIP	POMPANO BEACH, FL 33071 Naples, FL 34105
TITLE	D
NAME	BHUTA, PRIYA
STREET ADDRESS	10441 NW 6TH CT 5005 Maxwell Cir 201
CITY-ST-ZIP	POMPANO BEACH, FL 33071 Naples, FL 34105
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ 1/15/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #