FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90069 004 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000047834

1. Entity Name
PERSONAL EYES, INC.

Principal Place of Business	Mailing Address
7721 SW 55 AVE APT D MIAMI, FL 33143	7721 SW 55 AVE APT D MIAMI, FL 33143

CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
9810 SW 54 Street	9810 SW 54 Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, Florida	City & State: Miami, Florida
Zip: 33165 Country: USA	Zip: 33165 Country: USA

4. FEI Number: 01-1444961 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DE BECHE, SUSANA HOED
7721 SW 55 AVE APT D
MIAMI, FL 33143

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable): 9810 SW 54 Street

City: Miami FL Zip Code: 33165

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: X S. deBeche / Pres. X 4/28/03 X Registered Agent
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, 2003 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		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DE BECHE, SUSANA HOED 7721 SW 55 AVE APT D MIAMI, FL 33143	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT 9810 SW 54 Street Miami, FL 33165	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: X S. deBeche, Pres. X 4/28/03 X (305) 270-7864
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)