



# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2004 8:00 am**  
**Secretary of State**

04-21-2004 90039 040 \*\*\*150.00

<b>DOCUMENT # P02000048600</b>					
<b>1. Entity Name</b> EYE OPTICS OF AVENTURA, INC.					
<b>Principal Place of Business</b> 20335 BISCAYNE BLVD SUITE 38 NORTH MIAMI BEACH, FL 33180			<b>Mailing Address</b> 20335 BISCAYNE BLVD SUITE 38 NORTH MIAMI BEACH, FL 33180		
<b>2. Principal Place of Business</b> 20335 Biscayne Blvd. Suite, Apt. #, etc. # 25 City & State Aventura Florida Zip 33180 Country US		<b>3. Mailing Address</b> 20335 Biscayne Blvd. Suite, Apt. #, etc. # 25 City & State Aventura Florida Zip 33180 Country US			
<b>4. FEI Number</b> 75-3083389				04122004    Chg-P    CR2E034 (10/03)	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For Not Applicable	
<b>6. Name and Address of Current Registered Agent</b> EDWARDS, MARK 20335 BISCAYNE BLVD SUITE 38 NORTH MIAMI BEACH, FL 33180			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL    Zip Code		
<b>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.</b> SIGNATURE: <i>Mark Edwards</i> DATE: 4/15/04 <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HANDLEY, DOUGLAS 20335 BISCAYNE BLVD SUITE 38 NORTH MIAMI BEACH, FL 33180	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> <i>Mark Edwards</i> DATE: 4/15/04 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					