

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000053241

FILED
Mar 04, 2004
Secretary of State

Entity Name: TOTAL VISION CARE GROUP, INC.

Current Principal Place of Business:

707 NW 57TH AVENUE
MIAMI, FL 33145

New Principal Place of Business:

Current Mailing Address:

707 NW 57TH AVENUE
MIAMI, FL 33145

New Mailing Address:

FEI Number: 41-2042902

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LABARTA, LYNN
1033 LENOX AVE #203
MIAMI BEACH, FL 33139 US

Name and Address of New Registered Agent:

LABARTA, LYNN
707 NW 57TH AVE
MIAMI, FL 33126 US

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.

SIGNATURE: LYNN LABARTA

03/04/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LABARTA, LARRY
Address: 707 NW 57TH AVENUE
City-St-Zip: MIAMI, FL 33145

Title: VP () Delete
Name: LABARTA, LYNN
Address: 1033 LENOX AVE #203
City-St-Zip: MIAMI BEACH, FL 33139

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: LABARTA, LYNN
Address: 707 NW 57TH AVENUE
City-St-Zip: MIAMI, FL 33126

Title: VP () Change (X) Addition
Name: ZERON, VIRGINIA
Address: 707 NW 57TH AVENUE
City-St-Zip: MIAMI, FL 33126

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LYNN LABARTA

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03/04/2004

Electronic Signature of Signing Officer or Director

Date