2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000061413

City-St-Zip:

CORAL GABLES, FL 33146

Entity Name: THE EYEGLASS PLACE, INC.

FILED Jan 14, 2008 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
430 SOUTH DIXIE HIGHWAY				430 SOUTH DIXIE HIGHWAY		
#5 CORAL GABLES, FL 33146				#5 CORAL GABLES, FL	33146	US
Current Mailing Address:				New Mailing Address:		
430 SOUTH DIXIE HIGHWAY				430 SOUTH DIXIE HIGHWAY		
#5 CORAL GABLES, FL 33146				#5 CORAL GABLES, FL 33146 US		
FEI Number:	: 81-0558141	FEI Number Applied For ()	FEI Nur	nber Not Applicable()	Certif	icate of Status Desired ()
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
	LISSETTE A H DIXIE HIGH	WAY,				
	ABLES, FL 33	146 US				
The above in the State	named entity e of Florida.	submits this statement for the p	ourpose o	of changing its registere	d office o	r registered agent, or both,
SIGNATU	RE:					
Electronic Signature of Registered Agent				Date		
Election Car	mpaign Financin	g Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	RAKUSA, LISS	XIE HIGHWAY, SUITE # 5		Title: Name: Address: City-St-Zip:	() Chang	e () Addition
Title: Name: Address: City-St-Zip:	RAKUSA, AND	HWY, SUITE # 5		Title: Name: Address: City-St-Zip:	() Chang	e () Addition
Title: Name: Address:	RAKUSA, FRAI) Delete NZ JR HWY. SUITE# 5		Title: Name: Address:	() Chang	e () Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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.

City-St-Zip:

SIGNATURE: LISSETTE A. RAKUSA PD 01/14/2008