

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000083219

Entity Name: E. OPTIC, INC.

FILED  
May 01, 2004  
Secretary of State

## Current Principal Place of Business:

819 N.E. 199 STREET  
APT. #203  
NORTH MIAMI BEACH, FL 33179

## New Principal Place of Business:

13575 BISCAYNE BLVD  
NORTH MIAMI BEACH, FL 33181

## Current Mailing Address:

819 N.E. 199 STREET  
APT. #203  
NORTH MIAMI BEACH, FL 33179

## New Mailing Address:

2184 SALERNO CIRCLE  
WESTON, FL 33327

FEI Number: 11-3646462

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CASTILLO, LUZ M  
819 N.E. 199 STREET  
APT. #203  
NORTH MIAMI BEACH, FL 33179

## Name and Address of New Registered Agent:

CASTILLO, LUZ M  
2184 SALERNO CIRCLE  
WESTON, FL 33327

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: LC

05/01/2004

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PSD ( ) Delete  
Name: CASTILLO, LUZ M  
Address: 819 N.E. 199 STREET #203  
City-St-Zip: NORTH MIAMI BEACH, FL 33179

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change ( ) Addition  
Name: CASTILLO, LUZ M  
Address: 2184 SALERNO CIRCLE  
City-St-Zip: WESTON, FL 33327

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: CASTILLO LUZ M

PSD

05/01/2004

Electronic Signature of Signing Officer or Director

Date