

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000106243

1. Entity Name
OPTIVON, INC.



Principal Place of Business
**3209 COUNTRYSIDE VIEW DRIVE
SAINT CLOUD, FL 34772 US**

Mailing Address
**3209 COUNTRYSIDE VIEW DRIVE
SAINT CLOUD, FL 34772 US**



04062004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
52-2380891

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**MORALES, RAFAEL
3209 COUNTRYSIDE VIEW DRIVE
SAINT CLOUD, FL 34772**

**DO NOT WRITE
IN THIS SPACE**

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

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**U00000116769
04/16/04-80078-013 150.00**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	ROMERO, LUIS G
STREET ADDRESS	3209 COUNTRYSIDE VIEW DR.
CITY - ST - ZIP	SAINT CLOUD, FL 34772
TITLE	VP
NAME	MORALES, RAFAEL
STREET ADDRESS	32090 COUNTRYSIDE VIEW DR.
CITY - ST - ZIP	SAINT CLOUD, FL 34772
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/04 787 706 4240

Date

Daytime Phone #