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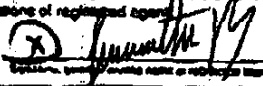
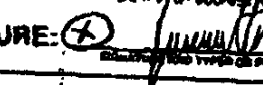
FROM : BARBARABERNSTEIN

PHONE NO. : 305948351

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Aug 02, 2004 8:00 am**  
**Secretary of State**

07-08-2004 90189 014 \*\*\*150.00

<b>DOCUMENT # P02000111735</b>			
1. Entity Name <b>EYECOM II, INC.</b>			
Principal Place of Business <b>10405 COLLINS AVE. #402 SUNNY HILLS FL 33160</b>		Mailing Address <b>10405 COLLINS AVE. #402 SUNNY HILLS FL 33160</b>	
2. Principal Place of Business <b>2925 AVENUE BLVD</b> State, Apt. #, etc. <b>102</b>		2. Mailing Address <b>2925 AVENUE BLVD</b> State, Apt. #, etc. <b>102</b>	
City & State <b>AVENUE, FLORIDA</b>		City & State <b>AVENUE, FLORIDA</b>	
Zip <b>33180</b> Country <b>USA</b>		Zip <b>33180</b> Country <b>USA</b>	
4. Name and Address of Current Registered Agent <b>BERNSTEIN, BARBARA 10405 COLLINS AVE. #402 SUNNY HILLS FL 33160</b>		7. Name and Address of then Registered Agent Name <b>JONATHAN BRENDER</b> Mailing Address (P.O. Box Number is not acceptable) <b>2925 AVENUE BLVD #102</b> City <b>AVENUE</b> FL <b>33180</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 obligation of registered agent.			
SIGNATURE 		DATE	
FEE MONTHLY FEE IS \$150.00 After May 1, 2004: Fee will be \$300.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<b>D BERNSTEIN, BARBARA 10405 COLLINS AVE. #402 SUNNY HILLS FL 33160</b>	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<b>JONATHAN BRENDER 2925 AVENUE BLVD #102 AVENUE, FLORIDA 33180</b>
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<b>D ERNESTO BERNSTEIN 2925 AVENUE BLVD #102 AVENUE, FLORIDA 33180</b>	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
12. I hereby certify that the information submitted with this filing does not qualify for the exemption stated in Section 119.07(3)(c), Florida Statutes. I further certify that the information reported 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 submit this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 as changed, or on an attachment with an address that I have not changed.			
SIGNATURE: 		DATE	

66431184

MOORE CR2004 (11/03)

*Attachment*  
*66431184*

*# P0200011735*

EYECON II, INC.  
2925 Aventura Boulevard # 102  
Aventura, Florida 33180-3108

Division of Corporations  
Post Office Box 6327  
Tallahassee, Florida 32314

July 20, 2004

Gentlemen:

Yesterday, I received a correspondence from you regarding the **second** mailing of my annual report to you for 2004.

My mailing address changed and I never received the original report on time.

When I called my CPA, he told me that it should have been filed and paid by May 2004.

When I filed the report the **first** time, I mailed the payment check to the wrong taxing authority.

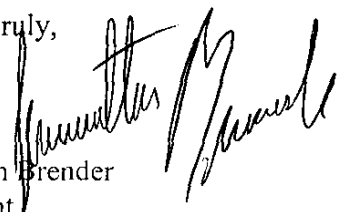
I have never owned a business before and all these requirements are very difficult for me to learn, even with the help of a CPA.

I always pay my bills on time and I am trying very hard to comply with all the tax filing requirements, even though business has slowed down very much for me.

Please reinstate my corporation, and accept the completed form that you sent back to me indicating all the changes to my address, and retain the check that you have already have in the amount \$ 150.00.

Your attention to this matter is greatly appreciated.

Yours Truly,

  
Jonathan Brender  
President  
Eyecon II, Inc.