FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000116622

1. Entity Name

Adriana Eyewear, Corp.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 OCT 20 PM 12:07

DO NOT WRITE IN THIS SPACE

REINSTATEMENT 04

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
P.O. Box 610430			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: No. Miami Beach, FL		City & State	
Zip: 33261	Country	Zip	Country

4. FEI Number: 47-0898005 — Applied For / Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: Arauz, Luis

Street Address (P.O. Box Number is not acceptable): 7570 NW 14th St. #112

City: Miami FL Zip Code: 33126

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]

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ — $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	PAVLUK, Adriana
STREET ADDRESS	P.O. Box 610430
CITY-ST-ZIP	No Miami Beach, FL 33261
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

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900042371389
11/02/04--01004--016 **150.00

CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Division of Corporations
P.O. BOX 6327
Tallahassee, FL 32314

Per instructions from the Division of Corporations, I am attaching a check, in the amount of $150 for the annual report fee with my application.

We did not receive the U.B.R. for the year 2004 or any other notice from the Division of Corporations in respect with the Corporation **ADRIANA EYEWEAR, CORP.**

Thank you for your courtesy in this matter.

ADRIANA PAVLUK
PRESIDENT