

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000127444

**FILED**  
**Apr 28, 2006**  
**Secretary of State**

**Entity Name:** EYES ON PINES, INC.

**Current Principal Place of Business:**

15959 PINES BLVD  
PEMBROKE PINES, FL 330271201

**New Principal Place of Business:**

**Current Mailing Address:**

15959 PINES BLVD  
PEMBROKE PINES, FL 330271201

**New Mailing Address:**

FEI Number: 35-2188450

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SHARMA, DARPAN  
2518 S.W. 159 AVE.  
MIRAMAR, FL 330274283 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: SHARMA, DARPAN  
Address: 2518 SW 159TH AVE  
City-St-Zip: MIRAMAR, FL 33027

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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.

SIGNATURE: DARPAN SHARMA

PRES

04/28/2006

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date