

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000018251

**FILED**  
**Mar 24, 2011**  
**Secretary of State**

**Entity Name:** PASTORE-TRAN EYECARE, INC.

**Current Principal Place of Business:**

777 E. MERRITT ISLAND CSWY.  
MERRITT ISLAND, FL 32952

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 560580  
ROCKLEDGE, FL 329560580

**New Mailing Address:**

**FEI Number:** 74-3080388

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

TRAN-PASTORE, JACQUELINE DR.  
1815 LIVE OAK DRIVE N  
ROCKLEDGE, FL 32955 US

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

TRAN-PASTORE, JACQUELINE  
777 E. MERRITT ISLAND CSWY  
MERRITT ISLAND, FL 32952 US

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:** JACQUELINE TRAN-PASTORE

03/24/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** TRAN-PASTORE, JACQUELINE  
**Address:** PO BOX 560580  
**City-St-Zip:** ROCKLEDGE, FL 329560580

**Title:** VP  
**Name:** PASTORE, DOMINIC J  
**Address:** PO BOX 560580  
**City-St-Zip:** ROCKLEDGE, FL 329560580

I hereby 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 all other like empowered.

**SIGNATURE:** JACQUELINE TRAN-PASTORE

PRES

03/24/2011

Electronic Signature of Signing Officer or Director

Date