

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jun 01, 2004 8:00 am**  
**Secretary of State**

05-03-2004 91060 038 \*\*\*150.00

<b>DOCUMENT # P03000033252</b> 1. Entity Name <b>EYE TIME, INC.</b>					
Principal Place of Business <b>100 SE 1ST AVENUE MIAMI, FL 33131-1006</b>			Mailing Address <b>100 SE 1ST AVENUE MIAMI, FL 33131-1006</b>		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip      Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip      Country		
4. FEI Number <div style="text-align: center; font-size: 1.2em;"><b>20-1051935</b></div>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			04162004    Chg-P    CR2E034 (10/03)		
6. Name and Address of Current Registered Agent  <b>MISSAGHI, HOUSHMAND 3715 STAR BOARD AVENUE COOPER CITY, FL 33026</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 _____ (NOTE: Registered Agent signature required when reappointing)      DATE _____					
<b>FILE NOW!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS <div style="border: 1px solid black; padding: 5px;"> <b>President</b>  <b>Houshmand Missaghi</b>  <b>3715 Starboard Ave.</b>  <b>Cooper City, FL 33026</b> </div>			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
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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: <u><i>M. Missaghi</i></u> <b>President</b> 4/26/04 (305) 372- <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <small>Date</small> <small>Daytime Phone #</small>					

**66424994**

