2004 FOR PROFIT CORPORATION

ANNUAL REPORT							
DOCUMENT # P03000053143					THE LARY OF		
	TIONAL SCHOOL OF LITTLI	VISION OF CORPORATION					
INC.					04 JAN 27 PM 12: 27		
Principal Plac	ce of Business	1	/				
6151 MIRAMAR PARKWAY SUITE 124 6151 MIRAMAR PARKWAY SUITE 124 MIRAMAR, FL 33023 MIRAMAR, FL 33023							
Principal Place of Business 3. Mailing Address							
6236 Seminole Terrace 6236 Seminole Suite, Apt. #, etc.						8 B	
Tetrace					01152004 Chg-P	CR2E034 (10/03)	•
Margate FL Margate FL			-L	,	4. FEI Number 11-3689765		oplied For ot Applicable
Zip J 330(Country	33063	Country		5. Certificate of Status Desired	\$8.75 Add	ditional
	6. Name and Address of Current				7. Name and Address of New Re		· ·
TOUCET, ELISE					ET ELISÉ		-
6151 MIRAMAR PARKWAY SUITE 124 MIRAMAR, FL 33023 Street Addr					P.O. Box Number is Not Acceptable)	,	
623					Seminble Tea	race	
			City	Parc	acito EL	FL Zip Cod	へんて
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 X Clisa Toucet 1-16-04							
	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE: I	Registered Agent signa	ture required	when reinstating)	DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. 9. Election Campaign Financing Trust Fund Contribution. 9. Election Campaign Financing St.00 pay 86./0401024014 **150.00							
10.	OFFICERS AND I	DIRECTORS	11.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS	S IN 11
TITLE NAME	PD TOUCET, ELISE	☐ Delete	TITLE	Pre	esident		Addition
STREET ADDRESS	6151 MIRAMAR PARKWAY SUIT	E 124	NAME STREET ADDRESS	62	ICET, ELISÉ 36 Seminole Tel		
CITY-ST-ZIP	MIRAMAR, FL 33023		CITY-ST-ZIP	Mai	rgate FL 3306	Tace 3	
title Name		☐ Delete	TITLE NAME		7	☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS				
TITLE		Delete	CITY-ST-ZIP			☐ Change	A didition
NAME		_ 500.0	NAME	ĺ		L. Change	Addition
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP				
TITLE NAME		☐ Delete	TITLE			☐ Change	Addition
STREET ADDRESS			NAME STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZiP				
TITLE NAME		☐ Delete	TITLE NAME			☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS				
TITLE		☐ Delete	TITLE			☐ Change	☐ Addition
NAME STREET ADDRESS			NAME			onengo	
CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP				
	certify that the information supplied with to on this report or supplemental report is to						
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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 1-16-04- Date Desprime Phone #							
		INTED NAME OF SIGNING OFFICER OR	DIRECTOR		Date	Daytime Phone #	