

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000056615

Entity Name: EYECON OPTIX, CORP.

FILED
Feb 23, 2004
Secretary of State

Current Principal Place of Business:

12479 SOUTH ORANGE BLOSSOM TRAIL
ORLANDO, FL 32837

New Principal Place of Business:

12479 S. ORANGE BLOSSOM TRAIL
ORLANDO, FL 32837

Current Mailing Address:

12479 SOUTH ORANGE BLOSSOM TRAIL
ORLANDO, FL 32837

New Mailing Address:

12479 S. ORANGE BLOSSOM TRAIL
ORLANDO, FL 32837

FEI Number: 11-3690140

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CETINA, FELIPE A D.O.
12479 SOUTH ORANGE BLOSSOM TRAIL
ORLANDO, FL 32837 US

Name and Address of New Registered Agent:

CETINA, FELIPE A M.D.
28000 PORTOFINO CIRCLE
APT 103
PALM BEACH GARDENS, FL 33418 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: FELIPE A. CETINA, M.D.

02/23/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CETINA, FELIPE A D.O.
Address: 12479 SOUTH ORANGE BLOSSOM TRAIL
City-St-Zip: ORLANDO, FL 32837

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: M.D. (X) Change () Addition
Name: CETINA, FELIPE A
Address: 28000 PORTOFINO CIRCLE, APT 103
City-St-Zip: PALM BEACH GARDENS, FL 33418

I hereby certify that the information supplied with this filing does not qualify for the 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 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: FELIPE A. CETINA

M.D.

02/23/2004

Electronic Signature of Signing Officer or Director

Date