
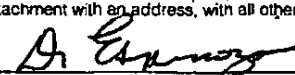


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 28, 2004 8:00 am
Secretary of State

04-26-2004 91018 035 ***150.00

DOCUMENT # P03000058257					
1. Entity Name EYE-DENTITY VISION CARE PLAN, CORP.					
Principal Place of Business 10445 NW 41ST ST MIAMI FL 33178			Mailing Address 10445 NW 41ST ST MIAMI FL 33178		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-0085095	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ESPINOZA, LORI 10445 NW 41ST ST MIAMI FL 33178			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL 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 reinstating)					
DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$350.00 Make Check Payable to Florida Department of State					
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>				\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DV	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HIDALGO, ADIS		NAME		
STREET ADDRESS	10445 NW 41ST ST		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33178		CITY-ST-ZIP		
TITLE	DP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ESPINOZA, LORI		NAME		
STREET ADDRESS	10445 NW 41ST ST		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33178		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: 			4/15/04 305-545-5311		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

66424813



MOORE CR2E034 (11/03)