

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90243 033 \*\*\*150.00

**DOCUMENT # P03000076529**

1. Entity Name

NAZARETH OPTIX, INC.



Principal Place of Business

11485 NW 45 ST  
CORAL SPRINGS FL 33065

Mailing Address

11485 NW 45 ST  
CORAL SPRINGS FL 33065

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



MOORE

CR2E034 (11/03)

4. FEI Number

20-0072704

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

LEWIS, RIVELINO  
11485 NW 45 ST  
CORAL SPRINGS FL 33065

7. Name and Address of New Registered Agent

Name

LEWIS, RIVELINO

Street Address (P.O. Box Number is Not Acceptable)

10605 NW 53rd St.

City

SUNRISE

FL

Zip Code

33351

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/20/04

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete  
NAME LEWIS, RIVELINO  
STREET ADDRESS 11485 NW 45 ST  
CITY-ST-ZIP CORAL SPRINGS FL 33065

TITLE D ☐ Delete  
NAME POWERS, STEVEN  
STREET ADDRESS 11485 NW 45 ST  
CITY-ST-ZIP CORAL SPRINGS FL 33065

TITLE D. ☐ Delete  
NAME JOOY-GOLDBLATT  
STREET ADDRESS 11020 Lighthouse Ct  
CITY-ST-ZIP TAMARAC, FL 33321

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE Steve Powers (Director) ☒ Change ☐ Addition  
NAME 8124 Wiles Rd Apt 304  
STREET ADDRESS CORAL SPRINGS FL. 33065  
CITY-ST-ZIP

TITLE D. ☐ Change ☒ Addition  
NAME JOOY-GOLDBLATT  
STREET ADDRESS 11020 Lighthouse Ct.  
CITY-ST-ZIP TAMARAC, FL 33321

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:

JOOY GOLDBLATT

4/20/04

(954) 748 8288

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #