2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000105158

1. Entity Name
DIMITRI & COMPANY EYE WEAR, INC.

Principal Place of Business	Mailing Address
20161 NE 16TH PLACE MIAMI, FL 33179	20161 NE 16TH PLACE MIAMI, FL 33179

DO NOT WRITE IN THIS SPACE

05112007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
41-2111771	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LAMPRA, DEMETRIO H
20161 NE 16TH PLACE
MIAMI, FL 33179

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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)   DATE

FILE NOW!!! FEE IS $150.00
Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	LAMPRU, DEMETRIO H
STREET ADDRESS	20161 NE 16TH PLACE
CITY-ST-ZIP	MIAMI, FL 33179

TITLE	STD
NAME	GOMEZ, ZOE
STREET ADDRESS	20161 NE 16TH PLACE
CITY-ST-ZIP	MIAMI, FL 33179

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/30/07-80056-001 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 05/14/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #