

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000113359

FILED  
Jun 30, 2004  
Secretary of State

Entity Name: MANUFACTURER DIRECT EYEWEAR, INC.

## Current Principal Place of Business:

142 WEST HILLSBORO BLVD  
DEERFIELD BEACH, FL 33441

## New Principal Place of Business:

## Current Mailing Address:

142 WEST HILLSBORO BLVD  
DEERFIELD BEACH, FL 33441

## New Mailing Address:

FEI Number: 20-0308217

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ( )

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: LOMBARDI, JOHN  
Address: 142 WEST HILLSBORO BLVD  
City-St-Zip: DEERFIELD BEACH, FL 33441

Title: VD ( ) Delete  
Name: LOMBARDI, ROBIN  
Address: 142 WEST HILLSBORO BLVD  
City-St-Zip: DEERFIELD BEACH, FL 33441

Title: S ( ) Delete  
Name: LOMBARDI, RISA  
Address: 142 WEST HILLSBORO BLVD  
City-St-Zip: DEERFIELD BEACH, FL 33441

Title: T ( ) Delete  
Name: LOMBARDI, ERIC  
Address: 142 WEST HILLSBORO BLVD  
City-St-Zip: DEERFIELD BEACH, FL 33441

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: JOHN LOMBARDI

PD

06/30/2004

Electronic Signature of Signing Officer or Director

Date