2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000113359

LOMBARDI, ÈRIC

142 WEST HILLSBORO BLVD

DEERFIELD BEACH, FL 33441

Name:

Address:

City-St-Zip:

FILED Mar 04, 2005 Secretary of State

Entity Nan	ne: MANUI	FACTURER DIRECT EYEWEAR	INC.		
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
142 WEST DEERFIELI					
Current Mailing Address:			New Mailing Address:		
142 WEST HILLSBORO BLVD DEERFIELD BEACH, FL 33441					
FEI Number:	20-0308217	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145 US				LOMBARDI, JOHN L 142 WEST HILLSBORO BOULEVARD DEERFIELD BEACH, FL 33441 US	
The above in the State		ty submits this statement for the p	urpose of changing its registere	ed office or registered agent, or both,	
SIGNATUR	E: JOHN	LOMBARDI		03/04/2005	
	Electi	onic Signature of Registered Age	nt	Date	
Election Carr	npaign Finand	ing Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	LOMBARDI, 142 WEST F	() Delete JOHN HILLSBORO BLVD BEACH, FL 33441	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:		() Delete ROBIN HILLSBORO BLVD BEACH, FL 33441	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	LOMBARDI, 142 WEST F	() Delete RISA HILLSBORO BLVD BEACH, FL 33441	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	т	() Delete	Title:	() Change () Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: JOHN LOMBARDI P 03/04/2005