

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2006 8:00 am**  
**Secretary of State**

04-14-2006 90155 015 \*\*\*150.00

**DOCUMENT # P04000039578**

1. Entity Name  
**L G EYEWEAR CORP.**



Principal Place of Business  
**9117 N.W. 176 LN.  
HIALEAH, FL 33018**

Mailing Address  
**9117 N.W. 176 LN.  
HIALEAH, FL 33018**

**50011086**



2. Principal Place of Business  
**17831 N.W. 52nd. AVE.**  
Suite, Apt. #, etc.

3. Mailing Address  
**17831 N.W. 52nd. AVE**  
Suite, Apt. #, etc.

04092006 Chg-P CR2E034 (11/05)

City & State  
**CAROL CITY, FL.**

City & State  
**CAROL CITY, FL.**

4. FEI Number  
**02-0717297**  
Applied For  
Not Applicable

Zip  
**33055**  
Country  
**MIAMI-DADE**

Zip  
**33055**  
Country  
**MIAMI-DADE**

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

**6. Name and Address of Current Registered Agent**

**SANCHEZ, QUINTIN T**  
**9117 N.W. 176 LN.**  
**HIALEAH, FL 33018**  
**17831 N.W. 52nd. AVE**  
**CAROL CITY, FL. 33055**

**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

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**  
**After May 1, 2006 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P**  
**SANCHEZ, QUINTIN T**  
**9117 N.W. 176 LN.**  
**HIALEAH, FL 33018**  
**17831 N.W. 52nd. AVE**  
**CAROL CITY, FL. 33055**

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

TITLE  
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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 life empowered.

SIGNATURE:

*Quintin Sanchez*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**QUINTIN SANCHEZ - PRESIDENT**

**04-08-06**

**786-390-0424**

Date

Daytime Phone #