6/17/2005-90004-021-$150.00-$150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
05 JUN 30 AM 8:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

06062005 Chg-P CR2E034 (10/03)

DOCUMENT # P04000062669

1. Entity Name
PACIFIC EYEWEAR 2, INC.

Principal Place of Business	Mailing Address
1604 NE 205 TERRACE MIAMI, FL 33179 US	~~8211 WEST BROWARD BLVD., 200 PLANTATION, FL 33324 US~~

2. Principal Place of Business	3. Mailing Address
X	X
Suite, Apt. #, etc. X	Suite, Apt. #, etc. X
City & State X	City & State X
Zip X / Country	Zip X / Country

4. FEI Number: 20-1001833 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ARTZY, JACOB 1604 NE 105 TERRACE MIAMI, FL 33179	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
Due by September 7, 2005

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P ARTZY, JACOB 1604 NE 205 TERRACE MIAMI, FL 33179 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: X [signature] X 06-14-05 X 305-389-7788
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #