2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000146429

Entity Name: OCUVISION EYECARE CENTER, INC.

FILED Apr 06, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

999 NW 33RD AVENUE 13818 SW 56 STREET MIAMI, FL 33125 US MIAMI, FL 33175 US

Current Mailing Address: New Mailing Address:

999 NW 33RD AVENUE 13818 SW 56 STREET MIAMI, FL 33125 US MIAMI, FL 33175 US

FEI Number: 20-1861049 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ARENCIBIA, GUILLERMO
999 NW 33RD AVENUE
MIAMI, FL 33125 US

ARENCIBIA, GUILLERMO
13818 SW 56 STREET
MIAMI, FL 33175 US

MIAMI, FL 33175 US

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: GUILLERMO ARENCIBIA 04/06/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition ARENCIBIA, GUILLERMO ARENCIBIA, GUILLERMO Name: Name: 999 NW 33RD AVENUE Address: 13818 SW 56 STREET Address: City-St-Zip: MIAMI, FL 33125 US City-St-Zip: MIAMI, FL 33175 US

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: GUILLERMO ARENCIBIA PRES 04/06/2005