

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000037994

1. Entity Name
OPTICAL DEPARTMENT INC.



Principal Place of Business
7101 FAIRWAY DRIVE
PALM BEACH GARDENS, FL 33418 US

Mailing Address
7101 FAIRWAY DRIVE
PALM BEACH GARDENS, FL 33418 US

FILED
Aug 14, 2008 08:00 AM
Secretary of State



07292008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

| | |
|---|-------------------------------|
| 4. FEI Number 59-3801975 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent

PEREZ, ANGEL G JR.
5921 SW 85 AVE
MIAMI, FL 33143

**DO NOT WRITE
IN THIS SPACE**

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

U000000957738
08/14/08-80004-023 150.00

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

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

| | |
|----------------|--------------------|
| TITLE | P |
| NAME | PEREZ, ANGEL SR |
| STREET ADDRESS | 5921 SW 85 AVE |
| CITY-ST-ZIP | MIAMI, FL 33143 |
| TITLE | VP |
| NAME | PEREZ, ANGEL G JR. |
| STREET ADDRESS | 5921 SW 85 AVE |
| CITY-ST-ZIP | MIAMI, FL 33143 |
| TITLE | VP |
| NAME | HENN, PATRICK |
| STREET ADDRESS | 5940 SW 83 AVE |
| CITY-ST-ZIP | MIAMI, FL 33143 |
| TITLE | T |
| NAME | ANA, PEREZ |
| STREET ADDRESS | 5921 SW 83 AVE |
| CITY-ST-ZIP | MIAMI, FL 33143 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

**DO NOT WRITE
IN THIS SPACE**

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 like empowered

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

07/31/08 (SW) 355-8577

Date

Daytime Phone #