

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2008 08:00 AM
Secretary of State

DOCUMENT # P05000052712

1. Entity Name
LENS CONSULTANTS, INC.



Principal Place of Business
**551 NW 40 CT
MIAMI, FL 33126 US**

Mailing Address
**P. O. BOX 347633
CORAL GABLES, FL 33234-7633 US**



01042008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2655959

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**ROCA, ANTHONY A
1221 BRICKELL AVE.
9TH FLOOR
MIAMI, FL 33131**

**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 _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	ROCA, ANTONIO A
STREET ADDRESS	P. O. BOX 347633
CITY- ST- ZIP	CORAL GABLES, FL 332347633

TITLE	D
NAME	ROCA, VIVIANA E
STREET ADDRESS	P. O. BOX 347633
CITY- ST- ZIP	CORAL GABLES, FL 332347633

TITLE	S
NAME	ROCA, VIVIANA E
STREET ADDRESS	P. O. BOX 347633
CITY- ST- ZIP	CORAL GABLES, FL 332347633

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Antonio Roca

01/10/2008

Date

(305) 649 6048

Daytime Phone #