

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000052712

Entity Name: LENS CONSULTANTS, INC.

FILED  
Jan 15, 2009  
Secretary of State

## Current Principal Place of Business:

551 NW 40 CT  
MIAMI, FL 33126 US

## New Principal Place of Business:

## Current Mailing Address:

P. O. BOX 347633  
CORAL GABLES, FL 332347633 US

## New Mailing Address:

FEI Number: 20-2655959

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

ROCA, ANTHONY A  
551 N.W. 40 CT.  
MIAMI, FL 33126 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:

01/15/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: ROCA, ANTONIO A  
Address: P. O. BOX 347633  
City-St-Zip: CORAL GABLES, FL 332347633

Title: D ( ) Delete  
Name: ROCA, VIVIANA E  
Address: P. O. BOX 347633  
City-St-Zip: CORAL GABLES, FL 332347633

Title: S ( ) Delete  
Name: ROCA, VIVIANA E  
Address: P. O. BOX 347633  
City-St-Zip: CORAL GABLES, FL 332347633

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: ANTONIO ROCA

P

01/15/2009

Electronic Signature of Signing Officer or Director

Date