


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2008 8:00 am
Secretary of State

04-09-2008 90029 025 ***150.00

| | | | | | |
|--|--|--|--|---|--|
| DOCUMENT # P05000085201 1. Entity Name OCCHIALERIA, INC. | | | |  | |
| Principal Place of Business 777 NW 72 AVE 2 PLAZA 3 MIAMI, FL 33126 | | | Mailing Address 777 NW 72 AVE 2 PLAZA 3 MIAMI, FL 33126 | | |
| 2. Principal Place of Business - No P.O. Box # 777 NW 72 AVE | | 3. Mailing Address 777 NW 72 AVE | | | |
| Suite, Apt. #, etc. # 2071 | | Suite, Apt. #, etc. # 2071 | | | |
| City & State MIAMI FL | | City & State MIAMI FL | | | |
| Zip 33126 | | Country DADE | | Zip 33126 | |
| Country DADE | | Country DADE | | | |
| 6. Name and Address of Current Registered Agent FERDINANDO ESPOSITO 777 NW 72 AVE 2 PLAZA 3 MIAMI, FL 33126 | | | 7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE V | NAME ESPOSITO, FERDINANDO | | <input type="checkbox"/> Delete | | |
| STREET ADDRESS 8888 COLLINS AVE # 213 | CITY-ST-ZIP SURFSIDE, FL 33154 | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE P | NAME PENA, REINA | | <input type="checkbox"/> Delete | | |
| STREET ADDRESS 16436 SW 84 LN | CITY-ST-ZIP MIAMI, FL 33193 | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE | NAME | | <input type="checkbox"/> Delete | | |
| STREET ADDRESS | CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE | NAME | | <input type="checkbox"/> Delete | | |
| STREET ADDRESS | CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE | NAME | | <input type="checkbox"/> Delete | | |
| STREET ADDRESS | CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| 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: <i>Reina Pena</i> | | | SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | |
| | | | Date 01/07/08 Daytime Phone # (305) 263 7917 | | |