

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2008 8:00 am
Secretary of State

04-29-2008 90093 014 ***150.00

DOCUMENT # P05000114621 1. Entity Name EYEGLOSS WEARHOUSE OF MARGATE, INC.			
Principal Place of Business C/O ALAN B. GEST, P.A. 20801 BISCAYNE BLVD STE 506 AVENTURA, FL 33180		Mailing Address C/O ALAN B. GEST, P.A. 20801 BISCAYNE BLVD STE 506 AVENTURA, FL 33180	
2. Principal Place of Business - No P.O. Box # 10107 W. Oakland Pk Blvd		3. Mailing Address 10107 W. Oakland Pk Blvd	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State Sunrise, FL		City & State Sunrise FL	
Zip 33351		Zip 33351	
Country USA		Country USA	
6. Name and Address of Current Registered Agent GEST, ALAN B ESQ. 20801 BISCAYNE BLVD STE 506 AVENTURA, FL 33180		7. Name and Address of New Registered Agent Name Marty Schiffman Street Address (P.O. Box Number is Not Acceptable) 10107 W. Oakland Pk Blvd City Sunrise FL Zip Code 33351	
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 D	NAME SCHIFFMAN, MARTIN	TITLE 	NAME
STREET ADDRESS 20801 BISCAYNE BLVD STE 506	CITY-ST-ZIP AVENTURA, FL 33180	STREET ADDRESS 	CITY-ST-ZIP
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D	NAME MEYER, MARY JO	TITLE 	NAME
STREET ADDRESS 20801 BISCAYNE BLVD STE 506	CITY-ST-ZIP AVENTURA, FL 33180	STREET ADDRESS 	CITY-ST-ZIP
<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE 	NAME 	TITLE 	NAME
STREET ADDRESS 	CITY-ST-ZIP 	STREET ADDRESS 	CITY-ST-ZIP
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE 	NAME 	TITLE 	NAME
STREET ADDRESS 	CITY-ST-ZIP 	STREET ADDRESS 	CITY-ST-ZIP
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE 	NAME 	TITLE 	NAME
STREET ADDRESS 	CITY-ST-ZIP 	STREET ADDRESS 	CITY-ST-ZIP
<input type="checkbox"/> Delete		<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: 		Date 4/25/08 Daytime Phone # 954-578-3010	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	