

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000157570

Entity Name: A OPTICAL DISTRIBUTOR INC.

FILED
May 09, 2007
Secretary of State

Current Principal Place of Business:

6625 MIAMI LAKES DRIVE
SUITE 378
MIAMI LAKES, FL 33014

Current Mailing Address:

6625 MIAMI LAKES DRIVE
SUITE 378
MIAMI LAKES, FL 33014

New Principal Place of Business:

6625 MIAMI LAKES DRIVE
SUITE 381
MIAMI LAKES, FL 33014 US

New Mailing Address:

6625 MIAMI LAKES DRIVE
SUITE 381
MIAMI LAKES, FL 33014 US

FEI Number: 72-1608915

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALICEA, EVELYN
12886 SW 50TH ST
MIRAMAR, FL 33027 US

Name and Address of New Registered Agent:

PREMIUM TAX SERVICES
4005 NW 114TH AVE.
SUITE 5
DORAL, FL 33178 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: MILTON L. PEREZ

05/09/2007

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ALICEA, EVELYN
Address: 12886 SW 50TH ST
City-St-Zip: MIRAMAR, FL 33027

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D (X) Change () Addition
Name: ALICEA, EVELYN
Address: 12886 SW 50TH ST
City-St-Zip: MIRAMAR, FL 33027

Title: S () Change (X) Addition
Name: ALICEA, MILANGELY
Address: 12886 SW 50TH ST
City-St-Zip: MIRAMAR, FL 33027 US

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: EVELYN ALICEA

P

05/09/2007

Electronic Signature of Signing Officer or Director

Date