

2008

FOR PROFIT CORPORATION ANNUAL REPORT

FILED
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Secretary of State

04-28-2008 90333 009 ***150.00

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1. Entity Name

SEIKO OPHTHALMIC INC



DO NOT WRITE IN THIS SPACE

40083918

CR2E034B (5/07)

2. Principal Place of Business - No P.O. Box #

11766 S W 90TH TERRACE

3. Mailing Address

Suite, Apt. #, etc.

MIAMI FL 33186

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

20-5148067

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

QUIROZ, JAVIER G

Street Address (P.O. Box Number is Not Acceptable)

11766 S W 90TH TERRACE

MIAMI FL 33186

City

FL

Zip Code

**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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended AR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	PT
NAME	QUIROZ, JAVIER G
STREET ADDRESS	11786 SW 90 TH
CITY-ST-ZIP	MIAMI, FL 33186
TITLE	VS
NAME	QUIROZ, ANDRES R
STREET ADDRESS	11766 S W 90TH TERRACE, MIAMI FL 33186
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 24, 2008

Date

Daytime Phone #