


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 05, 2007 8:00 am**  
**Secretary of State**

06-05-2007 90011 009 \*\*\*150.00

<b>DOCUMENT # P06000109836</b> 1. Entity Name <b>LENS AUDIO CORP.</b>					
Principal Place of Business <b>245 N.E. 183RD ST. BAYS 1A &amp; 1B NORTH MIAMI BEACH, FL 33179</b>			Mailing Address <b>245 N.E. 183RD ST. BAYS 1A &amp; 1B NORTH MIAMI BEACH, FL 33179</b>		
2. Principal Place of Business - No P.O. Box # <b>18393 NE 4TH CT</b>		3. Mailing Address <b>18393 NE 4TH CT</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>NORTH MIAMI BEACH, FL</b>		City & State <b>NORTH MIAMI BEACH, FL</b>		4. FEI Number <b>13-4341208</b>	
Zip <b>33179</b>		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>ASSOR, GAVRIEL 245 N.E. 183RD ST. BAYS 1A &amp; 1B NORTH MIAMI BEACH, FL 33179</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>18393 NE 4TH CT</b> City <b>NORTH MIAMI BEACH</b> <b>FL</b> Zip Code <b>33179</b>		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP</b> <b>ASSOR, GAVRIEL</b> <b>245 N.E. 183RD ST. BAYS 1A &amp; 1B</b> <b>NORTH MIAMI BEACH, FL 33179</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPS</b> <b>CHEMLA, MAEL</b> <b>245 N.E. 183RD ST. BAYS 1A &amp; 1B</b> <b>NORTH MIAMI BEACH, FL 33179</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME 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.					
<b>SIGNATURE:</b> _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date _____ Daytime Phone # _____					