


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 04, 2008 8:00 am
Secretary of State

09-04-2008 90045 046 ***150.00

DOCUMENT # P06000109836 1. Entity Name LENS AUDIO CORP.					
Principal Place of Business 245 N.E. 183RD ST. BAYS 1A & 1B NORTH MIAMI BEACH, FL 33179			Mailing Address 245 N.E. 183RD ST. BAYS 1A & 1B NORTH MIAMI BEACH, FL 33179		
2. Principal Place of Business - No P.O. Box # 16469 NE 26 PLACE		3. Mailing Address 700 E DANIA BEACH BLVD			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 202			
City & State NORTH MIAMI, FL		City & State DANIA, FL		4. FEI Number 13-4341208	
Zip 33160		Country 		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ASSOR, GAVRIEL 245 N.E. 183RD ST. BAYS 1A & 1B NORTH MIAMI BEACH, FL 33179				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 16469 NE 26 PL City NORTH MIAMI FL Zip Code 33160	
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 _____					
FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP ASSOR, GAVRIEL 245 N.E. 183RD ST. BAYS 1A & 1B NORTH MIAMI BEACH, FL 33179 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP ASSOR GAVRIEL 16469 NE 26 PL NORTH MIAMI, FL 33160 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPS CHEMLA, MAEL 245 N.E. 183RD ST. BAYS 1A & 1B NORTH MIAMI BEACH, FL 33179 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		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.					
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____					

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