

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 09, 2007 8:00 am**  
**Secretary of State**

04-09-2007 90062 035 \*\*\*150.00

**DOCUMENT # P06000130223**

1. Entity Name  
LA SALLE OPTICAL, CORP.



Principal Place of Business  
11010 NW 30TH ST  
104 - 0253552 MAILBOX  
DORAL, FL 33172

Mailing Address  
11010 NW 30TH ST  
104 - 0253552 MAILBOX  
DORAL, FL 33172

40053490



2. Principal Place of Business - No P.O. Box #  
10902 NW 83 Street

3. Mailing Address  
10902 NW 83 Street

Suite, Apt. #, etc.  
108

Suite, Apt. #, etc.  
108

04052007 Chg-P CR2E034 (12/06)

City & State  
DORAL, FL

City & State  
DORAL, FL

4. FEI Number  
98-0515808

Applied For  
Not Applicable

Zip  
33178

Country  
USA

Zip  
33178

Country  
USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

ARCINIEGAS, MIRIAM  
11010 NW 30TH ST  
104 - 0253552 MAILBOX  
MIAMI, FL 33172

**7. Name and Address of New Registered Agent**

Name  
ARCINIEGAS MIRIAM  
Street Address (P.O. Box Number is Not Acceptable)  
10902 NW 83 Street  
NO. 108  
City DORAL FL Zip Code 33178

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]*

REGISTERED AGENT

04/5/07

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE P/S  
NAME ARCINIEGAS, MIRIAM  
STREET ADDRESS 11010 NW 30TH ST # 104-0253552 MAILBOX  
CITY-ST-ZIP MIAMI, FL 33172

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE P/S  
NAME ARCINIEGAS Miriam  
STREET ADDRESS 10902 NW 83 Street #108  
CITY-ST-ZIP Doral, FL 33178

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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]* PRESIDENT

04/05/07

305-3168245

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #