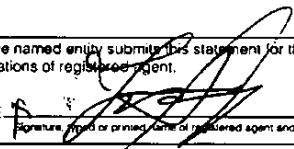
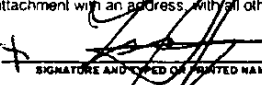


FILED
Apr 13, 2007 8:00 am
Secretary of State

04-13-2007 90161 034 ***158.75

2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P06000130650			
1. Entity Name OPTICA CARVAJAL CORP			
Principal Place of Business 1690 NW 31 ST MIAMI, FL 33142		Mailing Address 1690 NW 31 ST MIAMI, FL 33142	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 1040 71st	
Suite, Apt. #, etc.		(Suite) Apt. #, etc. 703	
City & State		City & State Miami Beach	
Zip	Country	Zip	Country
FL		33141	
4. FEI Number 20-5709113		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CARVAJAL, ISOLINA 18801 NE 3 COURT APT 728 N MIAMI, FL 33179		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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: 		DATE: 2/15/2007	
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CARVAJAL, ISOLINA 18801 NE 3 COURT APT 728 N MIAMI, FL 33179 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PENA, RAQUEL 1375 NE 133 ST N MIAMI, FL 33161 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS CARVAJAL, VICENTE 1375 NE 133 ST N MIAMI, FL 33161 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: 		Date: 2/15/2007 Daytime Phone # 305-6358009	