


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 20, 2007 8:00 am
Secretary of State

07-20-2007 90018 012 ***150.00

DOCUMENT # P06000132292

1. Entity Name
NAWI OPTICAL CORP.



Principal Place of Business Mailing Address

7212 SW 80 ST PLAZA 7212 SW 80 ST PLAZA
 289 289
 MIAMI, FL 33143 MIAMI, FL 33143

40126251



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

7312 SW 80st Plaza **7312 SW 80st Plaza**

Suite, Apt. #, etc. Suite, Apt. #, etc.

289 **289**

07032007 Chg-P CR2E034 (12/06)

City & State City & State

Miami Florida. **Miami Florida.**

Zip Country Zip Country

33143 USA **33143 USA**

4. FEI Number Applied For

20-8129995 Not Applicable

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

6. Name and Address of Current Registered Agent

HINOJOSA, CESAR E
7312 SW 80 ST PLAZA
289
MIAMI, FL 33143

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$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	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HINOJOSA, CESAR E	NAME	
STREET ADDRESS	7312 SW 80 ST PLAZA 289	STREET ADDRESS	
CITY - ST - ZIP	MIAMI, FL 33143	CITY - ST - ZIP	
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CALDERON, LUZ M	NAME	
STREET ADDRESS	7312 SW 80 ST PLAZA 289	STREET ADDRESS	
CITY - ST - ZIP	MIAMI, FL 33143	CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		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: Cesar E. Hinojosa **Cesar E. Hinojosa.** 07-16-07 (786) 228-9058

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #