

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000151673

Entity Name: VIP EYE CARE & EYE WEAR, INC.

FILED  
Mar 24, 2009  
Secretary of State

## Current Principal Place of Business:

2300 4TH ST NORTH  
SAINT PETERSBURG, FL 33704 US

## New Principal Place of Business:

## Current Mailing Address:

668 51ST AVENUE N  
ST PETERSBURG, FL 33703 US

## New Mailing Address:

668 51ST AVE. N.  
ST. PETERSBURG, FL 33703

FEI Number: 20-8018061

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HENRI, MONA A  
668 51ST AVENUE N  
ST PETERSBURG, FL 33703 US

## Name and Address of New Registered Agent:

HENRI, MONA A P  
668 51ST AVENUE N  
ST PETERSBURG, FL 33703 US

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.

SIGNATURE: MONA A. HENRI, P

03/24/2009

Electronic Signature of Registered Agent

Date

## Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete

Name: HENRI, MONA A

Address: 668 51ST AVENUE N

City-St-Zip: ST PETERSBURG, FL 33703 US

Title: VP ( ) Delete

Name: HENRI, MONA A

Address: 668 51ST AVENUE N

City-St-Zip: ST PETERSBURG, FL 33703 US

Title: S ( ) Delete

Name: HENRI, MONA A

Address: 668 51ST AVENUE N

City-St-Zip: ST PETERSBURG, FL 33703 US

Title: T ( ) Delete

Name: HENRI, MONA A

Address: 668 51ST AVENUE N

City-St-Zip: ST PETERSBURG, FL 33703 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition

Name:

Address:

City-St-Zip:

Title: ( ) Change ( ) Addition

Name:

Address:

City-St-Zip:

Title: ( ) Change ( ) Addition

Name:

Address:

City-St-Zip:

Title: ( ) Change ( ) Addition

Name:

Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MONA A. HENRI

P

03/24/2009

Electronic Signature of Signing Officer or Director

Date