

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000151673

FILED  
Jan 12, 2010  
Secretary of State

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

**Current Principal Place of Business:**

2300 4TH ST NORTH  
SAINT PETERSBURG, FL 33704 US

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**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 P  
668 51ST AVENUE N  
ST PETERSBURG, FL 33703 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P  
Name: HENRI, MONA A  
Address: 668 51ST AVENUE N  
City-St-Zip: ST PETERSBURG, FL 33703 US

Title: VP  
Name: HENRI, MONA A  
Address: 668 51ST AVENUE N  
City-St-Zip: ST PETERSBURG, FL 33703 US

Title: S  
Name: HENRI, MONA A  
Address: 668 51ST AVENUE N  
City-St-Zip: ST PETERSBURG, FL 33703 US

Title: T  
Name: HENRI, MONA A  
Address: 668 51ST AVENUE N  
City-St-Zip: ST PETERSBURG, FL 33703 US

I hereby 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 all other like empowered.

SIGNATURE: MONA HENRI

P

01/12/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date