

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000021136

FILED
Feb 17, 2011
Secretary of State

Entity Name: VISTA VISION EYECARE # 2 INCORPORATED

Current Principal Place of Business:

4125 CLEVELAND AVE #75
FORT MYERS, FL 33901

New Principal Place of Business:

4125 CLEVELAND AVE SUITE 75
FORT MYERS, FL 33901

Current Mailing Address:

13625 EAGLE RIDGE DR
APT 334
FORT MYERS, FL 33912

New Mailing Address:

13625 EAGLE RIDGE DR. APT 334
APT 334
FORT MYERS, FL 33912

FEI Number: 20-8496226

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DE LA TORRE, MIGUEL E
13625 EAGLE RIDGE DR
APT 334
MIAMI, FL 33912 US

Name and Address of New Registered Agent:

DE LA TORRE, MIGUEL E JR.
13625 EAGLE RIDGE DR. APT 334
APT 334
FORT MYERS, FL 33912 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: MIGUEL DE LA TORRE

02/17/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: MR
Name: DE LA TORRE, MIGUEL E JR.
Address: 13625 EAGLE RIDGE DR. APT 334
City-St-Zip: FORT MYERS, FL 33912

Title: MR
Name: DE LA TORRE, MIGUEL E JR.
Address: 13625 EAGLE RIDGE DR. APT 334
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Title: MR
Name: DE LA TORRE, MIGUEL E JR.
Address: 13625 EAGLE RIDGE DR. APT 334
City-St-Zip: FORT MYERS, FL 33912

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: MIGUEL DE LA TORRE

MR

02/17/2011

Electronic Signature of Signing Officer or Director

Date