

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000102704

Entity Name: LARIA EYE CARE, P.A.

**FILED**  
**Jan 12, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

6244 WEST OAKLAND PARK BLVD  
SUNRISE, FL 33313

**New Principal Place of Business:**

**Current Mailing Address:**

6244 WEST OAKLAND PARK BLVD  
SUNRISE, FL 33313

**New Mailing Address:**

FEI Number: 13-4364745

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LARIA, LIANETTE  
6244 WEST OAKLAND PARK BLVD  
MIAMI, FL 33313 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: LARIA, LIANETTE  
Address: 6244 WEST OAKLAND PARK BLVD  
City-St-Zip: SUNRISE, FL 33313

Title: VP  
Name: LARIA, LUIS  
Address: 6244 WEST OAKLAND PARK BLVD  
City-St-Zip: SUNRISE, FL 33313

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: LL

P

01/12/2010

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

\_\_\_\_\_  
Date