

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

|                                 |  |
|---------------------------------|--|
| DOCUMENT # <b>10800 0072643</b> |  |
| 1. Entity Name                  |  |
| PARAMOUNT EYES, INC             |  |

**DO NOT WRITE IN THIS SPACE**

|   |         |   |         |
|---|---------|---|---------|
| 2. Principal Place of Business<br>8579 SW 23RD COURT<br>Suite, Apt. #, etc. |         | 3. Mailing Address<br>8579 SW 23RD COURT<br>Suite, Apt. #, etc. |         |
| City & State<br>MIRAMAR, FL   |         | City & State<br>MIRAMAR, FL                                     |         |
| Zip<br>33025  | Country | Zip<br>33025  | Country |

DO NOT WRITE IN THIS SPACE

FILED  
09 APR 29 PM 1:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

|                                   |  |   |    |  |
|-----------------------------------|--|---|----|--|
| <b>DO NOT WRITE IN THIS SPACE</b> |  | 4. FEI Number<br>90-0406151   |    | Applied For<br><input type="checkbox"/> Not Applicable |
|                                   |  | 5. Certificate of Status Desired <input type="checkbox"/>   |    | \$8.75 Additional Fee Required                         |
|                                   |  | 7. Name and Address of Current Registered Agent   |    |  |
|                                   |  | Name<br>JULIUS ADEYIGA (JUVEDA GROUP, INC)<br>Street Address (P.O. Box Number is Not Acceptable)<br>8910 MIRAMAR PARKWAY, SUITE 207 B |    |  |
|                                   |  | City<br>MIRAMAR   | FL | Zip Code<br>33025                                      |

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 \_\_\_\_\_ DATE 4/25/2009  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

|  |  |  |   |
|--|--|--|---|
| 10. OFFICERS AND DIRECTORS                     |  | 11.  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>JULIUS ADEYIGA<br>8579 SW 23RD COURT<br>MIRAMAR, FL 33025 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | 000153868080<br>04/30/09-01002-001 **450.00 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VP<br>VALDA ADEYIGA<br>8579 SW 23RD COURT<br>MIRAMAR, FL 33025 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>DO NOT WRITE IN THIS SPACE</b>           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Julius Adeyiga 4/25/2009 (954) 430-6077  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #