

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000111609

Entity Name: 20/20 EYECARE SERVICES, INC.

FILED
Jan 06, 2011
Secretary of State

Current Principal Place of Business:

2900 W. CYPRESS CREEK RD., #4
FT. LAUDERDALE, FL 33309

New Principal Place of Business:

Current Mailing Address:

2900 W. CYPRESS CREEK RD., #4
FT. LAUDERDALE, FL 33309

New Mailing Address:

FEI Number: 26-4122889

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

COPPOLA, PATRICE
190 N. COMPASS DR.
FT. LAUDERDALE, FL 33308 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

OFFICERS AND DIRECTORS:

Title: D
Name: COPPOLA, ROBERT
Address: 2900 W. CYPRESS CREEK RD., #4
City-St-Zip: FT. LAUDERDALE, FL 33309

Title: D
Name: COPPOLA, PATRICE
Address: 2900 W. CYPRESS CREEK RD., #4
City-St-Zip: FT. LAUDERDALE, FL 33309

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: PATRICE COPPOLA

T

01/06/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date