2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 12, 2007 8:00 am Secretary of State

						\sim CCI CU.	- J	U = ~	
DOCUMENT # P36406 1. Entity Name OPTICAL CONSULTANTS OF TAMARAC, INC.						03-12-2007	' 90081 ()19 ***1	50.00
Principal Place of Business Mailing Address				•	AΩ	032820			
•		<u>.</u>			4.0	00~-			
			2151 W HILLSBORO BLVD, #213						
tamarac, fi	DEERFIELD BEACH, FL	DEERFIELD BEACH, FL 33442 US							
Principal Place of Business - No P.O. Box # Mailing Address					1				
		1761 (1) Klyrs	1761 W NIUSBORO BLUD			illen melle minni musta Mill	STOR OF BLANK		
Suita Ant	# otc	Suite, Apt. #, etc.		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1				
Suite, Apt. #, etc.			408		02132007	Chg-P	CR2E03	4 (12/06)	
City & State		City & State		~	4. FEI Number	•		L Ap	plied For
		DEBRETELD BEDCH FL		fL	38-2343	8837		No	t Applicable
Zip	Country	Zip Co		ry				8.75 Add	litional
		1 - 3 1 - 1 - 1		UD RID	5. Certificate of Status Desired			ee Require	
	6. Name and Address of Current	1	Date	5,6.4.327	7 N	Address of New De			<u> </u>
	o. Name and Address of Current	registered Agent		N.I.	/. Name and /	Address of New Re	agistered A	gent	
				Name					
COLBERT			-						
4712 HOL	LY DR		1	Street Address (P.O. Box Number	is Not Acceptable)		
TAMARAC	C, FL 33319		+	 					
			}		• • •			T	
				City			FL	Zip Code	e
O The above		- Al-							
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 Signature, lyped or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
Signature, typed or printed name of registered agent and like if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
wa S									
FIL	E NOW!!! FEE IS \$150.00	9. Election Campa	_	· _ • • •	00 May Be				
After M	ay 1, 2007 Fee will be \$550.6	Trust Fund Con	ntribution.	☐ Add	ed to Fees				
• .									
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/0	CHANGES TO OFFI	CERS AND	DIRECTOR	S IN 11
TITLE ,	PD	☐ Delete	TITLE					Change	☐ Addition
NAME	COLBERT, ARLENE		NAME						
STREET ADDRESS	4712 HOLLY DR		SIRCE	T ADDRESS					
CITY-ST-ZIP				ST-ZIP					
0111 07 011			01111	31-211					
TITLE	V Delete IIII		TITLE					Change	Addition
NAME	COLBERT, EDWARD		NAME						
STREET ADDRESS	4712 HOLLY DR		STREE	T ADDRESS					
CITY-ST-ZIP	TAMARAC, FL 33319			ST-ZIP					
	1/14/10/0, / E 33319		VII.1-1	31-CII					
TITLE		☐ Delete	TITLE					Change	Addition
NAME			NAME						
STREET ADDRESS			STREE	1 ADDRESS					
CITY-ST-ZIP	•			ST-ZIP					

TITLE		☐ Delete	TITLE					Change	Addition
NAME			NAME						
STREET ADDRESS			STREE	1 ADDRESS					
CITY-ST-ZIP			CITY-	ST-ZIP					
TITLE		☐ Delete	TITLE					Change	Addition
NAME			NAME						
STREET ADDRESS			STREE	1 ADDRESS					
CITY-ST-ZIP			CITY-	ST-ZIP					
TITLE		☐ Delete	TITLE	" 	"			Chapter	□ Addistra
		□ Delete	1					☐ Change	Addition
NAME			NAME						
STREET ADDRESS			STREE	T ADDRESS					
CITY-ST-ZIP			CITY-	ST-ZIP					
12. bereby	certify that the information supplied with	this filing does not qualify f	for the ever	motions contained	Lin Chanter 110	Florida Statutos 11	further conti	or that the	tormation
indicated	on this report or supplemental report is	true and accurate and that	my signatu	ure shall have the :	same legal effect	as if made under o	ath: that I ar	n 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.									
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