2005 FOR PROFIT CORPORATION ANNUAL REPORT

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Secretary of State
03-02-2005 90067 022 ***150.00

SOON M. BROWARD BLVD. 602 PUNITATION, FL 32388 US PLANTATION, FL 32388 US PLANTATION, FL 32388 US 3. Making Address Suite, Apr. F. etc. City & State City & Sta	DR. LESTER EISENBERG OPTOMETRIST, P.A.							32 3 2 2 333 333		10 0.	
Suite. Apt. #. etc. Suite. Apt. #. etc. Suite. Sui	Principal Place of Business 8000 W. BROWARD BLVD. 602 PLANTATION, FL 32388 US			8000 W. BROWARD BLVD 602				FI IIV IBIIB HBII BBIII BBIII BBIII BBI	i Friði B illi	. 1831 FBM 178	(88) () (88)
City & State	Principal Place of Business 3. Mailing Address										
Separation Sep	Suite, Apt. #, etc.			Suite, Apt. #, etc.			0201200	05			ma reasi
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name EISENBERG, LESTER DR 251 BROWARD MALL SPACE 802 PLANTATION, FL 33388 City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) District Address (P.O. Box Number is Not Acceptable) FL Zip Code City	City & State			City & State						<u> </u>	
EISENBERG, LESTER DR 251 BROWARD MALL SPACE 602 PLANTATION, FL 33388 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or	Zip	Country		Zip	Cour	ntry					
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B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, upond to printed name of requisement agent and table if applicable. NOTE. Registered Agent signature required when revisating) OATE FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 10. OFFICERS AND DIRECTORS 11. KÖDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NOME STREET ADDRESS CITY-S1-2P CITY-S1-2P CITY-S1-2P TITLE NOME STREET ADDRESS CITY-S1-2P TITLE C Change Addition Addition Addition STREET ADDRESS CITY-S1-2P TITLE NOME STREET ADDRESS CITY-S1-2P TITLE C Change Addition Addition STREET ADDRESS CITY-S1-2P TITLE C Change Addition Addition Addition STREET ADDRESS CITY-S1-2P TITLE C Change Addition Add	PLANTATION, FL 33388										
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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 gath; that I am an officer or director						I					
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	indicatóc	Loo this report or supplements	report is true :	and accurate and that	my signs	ature shall have t	he same legal e	effect as if made under oath.	: that I ar	n an officer	or director