

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # P93000012239

1. Entity Name
SUNGLASS HUT OF FLORIDA, INC.



Principal Place of Business
4000 LUXOTTICA PLACE
ATTN: TAX DEPT
MASON, OH 45040 US

Mailing Address
ATTN: TAX DEPT
P O BOX 8509
MASON, OH 45040-7114 US



04252005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0406815

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.

☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE D
NAME CAVATORTA, ERRICO
STREET ADDRESS 44 HARBOR PARK DR
CITY-ST-ZIP PT WASHINGTON, NY 11050

TITLE DC
NAME DEL VECCHIO, CLAUDIO CEO
STREET ADDRESS 44 HARBOR PARK DR
CITY-ST-ZIP PT WASHINGTON, NY 11050

TITLE DCEO
NAME CHEMELLO, ROBERTO
STREET ADDRESS 44 HARBOR PARK DR
CITY-ST-ZIP PT WASHINGTON, NY 11050

TITLE VS
NAME BOXER, MICHAEL A
STREET ADDRESS 44 HARBOR PARK DR
CITY-ST-ZIP PT WASHINGTON, NY 11050

TITLE VT
NAME GIANNOLA, VITO
STREET ADDRESS 44 HARBOR PARK DR
CITY-ST-ZIP PT WASHINGTON, NY 11050

TITLE V
NAME GIACOBBI, VALERIO
STREET ADDRESS 4000 LUXOTTICA PLACE
CITY-ST-ZIP MASON, OH 45040

U00000356103
05/04/05-80022-007 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 Block 11 if changed, or on an attachment with an address, with all other life empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Valerio Giacobbi: 4-29-2005 13-765 6948

Date

Daytime Phone #