2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # P93000077346

1. Entity Name
LENWARD MCCALLA, O.D. INC.

Principal Place of Business	Mailing Address
SOUTH DIXIE HWY. FL 33156	15141 SW 159 STREET MIAMI FL 33187 US

1st MOORE CR2E034 (10/05)

2. Principal Place of Business	3. Mailing Address
Street Address, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Country / Zip	Country / Zip

4. FEI Number 65-0449659 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MCCALLA, LENWARD 15141 SW 159 STREET MIAMI FL 33187	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee Will Be $550.00
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. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
P MCCALLA, LENWARD 15141 SW 159TH STREET MIAMI FL 33187 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Add
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01/30/06-80026-021 150.00

I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Lenward McCalla LENWARD McCALLA, O.D. 1/20/06 (305)378-1915