

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P94000018829

Entity Name: BALTODANO OPHTHALMIC, INC.

**FILED**  
**Jan 05, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

2687 WEST 76TH STREET  
HIALEAH, FL 33016

**New Principal Place of Business:**

**Current Mailing Address:**

2687 WEST 76TH STREET  
HIALEAH, FL 33016

**New Mailing Address:**

FEI Number: 65-0473076

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

JULIO GONZALEZ  
14562 NW. 88 PL.  
HIALEAH, FL 33018 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: PD  
Name: GONZALEZ, JULIO  
Address: 14562 N.W. 88 PLACE  
City-St-Zip: HIALEAH, FL 33018

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: JULIO GONZALEZ

D

01/05/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date