

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P94000019940

Entity Name: D.F. EYE CARE OPTICS, INC.

**FILED**  
**Feb 24, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

10910 WEST FLAGLER ST.  
SUITE #108  
MIAMI, FL 33174 US

**New Principal Place of Business:**

**Current Mailing Address:**

10910 WEST FLAGLER ST.  
SUITE #108  
MIAMI, FL 33174 US

**New Mailing Address:**

FEI Number: 65-0474755

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

FRANCILLON, DARLY  
14883 SW 41 TERRACE  
MIAMI, FL 33185 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: PSD  
Name: FRANCILLON, DARLY  
Address: 14883 SW 41 TERRACE  
City-St-Zip: MIAMI, FL 33185

Title: VTC  
Name: FRANCILLON, LEA  
Address: 14883 SW 41 TERRACE  
City-St-Zip: MIAMI, FL 33185

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: DARLY FRANCILLON

PSD

02/24/2011

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

\_\_\_\_\_  
Date