



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90039 041 ***150.00

DOCUMENT # P94000068930					
1. Entity Name SANMAR OPTICAL, INC.					
Principal Place of Business 20335 BISCAYNE BLVD SUITE 308 STE 25 NORTH MIAMI BEACH, FL 33180			Mailing Address 20335 BISCAYNE BLVD SUITE 308 STE 25 NORTH MIAMI BEACH, FL 33180		
2. Principal Place of Business 20335 Biscayne Blvd. Suite, Apt. #, etc. # 25		3. Mailing Address 20335 Biscayne Blvd. Suite, Apt. #, etc. # 25			
City & State Aventura, Florida		City & State Aventura Florida		04122004 Chg-P CR2E034 (10/03)	
Zip 33180		Country US		4. FEI Number 65-0527345	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent EDWARDS, MARK S 6221 SW 15TH ST PLANTATION, FL 33317			7. Name and Address of New Registered Agent 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: <i>Mark Edwards</i> <i>mark edwards</i> <i>4/15/04</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE D	NAME EDWARDS, MARK S		<input type="checkbox"/> Delete		
STREET ADDRESS 6221 SW 15TH STREET	CITY-ST-ZIP PLANTATION, FL 33317		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME	STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		
TITLE NAME	STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME	STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		
TITLE NAME	STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME	STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		
TITLE NAME	STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 like empowered.					
SIGNATURE: <i>Mark Edwards</i> <i>mark edwards</i> <i>4/15/04</i> <i>3059322020</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					