

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P94000090446

**FILED**  
**May 09, 2004**  
**Secretary of State**

**Entity Name:** GABLES VISION OPTICAL, INC.

**Current Principal Place of Business:**

1661 SW 37 AVE  
SUITE 100  
MIAMI, FL 33145 US

**New Principal Place of Business:**

**Current Mailing Address:**

1661 SW 37 AVE  
SUITE 100  
MIAMI, FL 33145 US

**New Mailing Address:**

**FEI Number:** 65-0539268      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

AWAD, ABRAHAM  
1661 SW 37 AVE  
SUITE 100  
MIAMI, FL 33145 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: AWAD, ABRAHAM  
Address: 21170 MAIN SAIL CIR C11  
City-St-Zip: AVENTURA, FL 33180

Title: D ( ) Delete  
Name: AWAD, LAYLA  
Address: 21170 MAIN SAIL CR C11  
City-St-Zip: AVENTURA, FL 33180

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: ABRAHAM AWAD

P

05/09/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date