




# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 04, 2004 8:00 am**  
**Secretary of State**

02-04-2004 90063 001 \*\*\*150.00

<b>DOCUMENT # P95000086939</b> 1. Entity Name <b>PIAZZA OPTICAL CORP.</b>					
Principal Place of Business <b>12955 BISCAYNE BLVD STE 314 NORTH MIAMI, FL 33181 US</b>			Mailing Address <b>8090 WEST 23 AVENUE BAY #1 HIALEAH, FL 33018 US</b>		
2. Principal Place of Business <b>8090 W. 23 Ave</b> Suite, Apt. #, etc. <b>Bay #1</b>			3. Mailing Address Suite, Apt. #, etc.  City & State <b>HIALEAH - FL</b>		
Zip <b>33016</b>		Country <b>USA</b>		4. FEI Number <b>65-0630062</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>SAKAL, SILVANO 822 SW 124 TERR DAVIE, FL 33325</b>			7. Name and Address of New Registered Agent Name <b>SILVANO SAKAL</b> Street Address (P.O. Box Number is Not Acceptable) <b>8090 W. 23 Ave</b> <b>Bay #1</b> City <b>HIALEAH</b>		
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:  <b>SILVANO SAKAL Pres.</b> <span style="float: right;">1/27/04</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating) DATE</small>		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST SAKAL, SILVANO 822 SW 124 TERR DAVIE, FL 33325	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	8090 W. 23 Ave Bay#1 Hialeah FL. 33016
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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:  <b>SILVANO SAKAL, Pres.</b> <span style="float: right;">01/27/04 305 818 6786.</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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01272004 Chg-P CR2E034 (10/03)