

**FILED**  
**Mar 12, 2004 8:00 am**  
**Secretary of State**

03-12-2004 90036 031 \*\*\*150.00

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**DOCUMENT # P96000021644**

1. Entity Name  
**P & N EYE, CORP.**



Principal Place of Business  
**284 INDIAN RIVER TRACE  
SUITE 105-B  
WESTON, FL 33326 US**

Mailing Address  
**284 INDIAN TRACE  
SUITE 105-B  
WESTON, FL 33326 US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01132004 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number

**65-0694037**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**HAGEN, MAX M  
3990 S MERIDIAN ST.  
SUITE 104  
HOLLYWOOD, FL 33021**

7. Name and Address of New Registered Agent

Name **KAREN NORMAN**  
Street Address (P.O. Box Number is Not Acceptable)

**116336 SW 14 ST  
City Pembroke Pines FL Zip Code 33029**

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 **Karen M. Norman**  
Signature, typed or printed name of registered agent and title if applicable.

**Karen M. Norman**  
(NOTE: Registered Agent signature required when reinstating)

**2-12-04**  
DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **PST** ☐ Delete  
NAME **NORMAN, KAREN M**  
STREET ADDRESS **284 INDIAN TRACE**  
CITY-ST-ZIP **WESTON, FL**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: **Karen Michele Norman**  
Signature and typed or printed name of signing officer or director

**2-12-04**  
Date

**(954) 441-1707**  
Daytime Phone #

579 - 6257

579 - 6257