

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 12, 2005 08:00 AM
Secretary of State

DOCUMENT # P96000039760

1. Entity Name
GRAND OPTICAL OF SOUTH FLORIDA, INC.Principal Place of Business
2901 CLINT MOORE RD
PMB #156
BOCA RATON, FL 33496-2041 USMailing Address
2901 CLINT MOORE RD
PMB #156
BOCA RATON, FL 33496-2041 US

07082005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLEApplied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FRIDMAN, ESTHER B
2901 CLINT MOORE RD, #156
BOCA RATON, FL 33496DO NOT WRITE
IN THIS SPACE

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

Signature, typed or printed name of registered agent and FEI applicable

(NOTE: Registered Agent signature required when not submitting)

DATE

FILE NOW!!! FEE IS \$150.00
Due by September 7, 20059. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesIn accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	FRIDMAN, ESTHER
STREET ADDRESS	2901 CLINT MOORE RD, #156
CITY-ST-ZIP	BOCA RATON, FL 33496
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000372374
07/12/05-80005-001 150.00DO NOT WRITE
IN THIS SPACEH00000372374
07/12/05-80005-002 8.75

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 my address, with a signature like empowered.

SIGNATURE:

Esther B. Fridman
President 7-6-05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(Signature Location)