

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

6/22/

**FILED**  
**Jul 02, 2004 8:00 am**  
**Secretary of State**

06-22-2004 90002 035 \*\*\*150.00

**DOCUMENT # P96000043488**

1. Entity Name

J.C. OPTICAL SERVICE, INC.



Principal Place of Business

22545 SW 65TH TERRACE  
BOCA RATON, FL 33428

Mailing Address

22545 SW 65TH TERRACE  
BOCA RATON, FL 33428

**66429330**



06162004

No Chg-P

CR2E034 (10/03)

4. FEI Number

65-0682460

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

GERMAN, MARIO D  
2101 W. COMMERCIAL BLVD., STE. 3300  
FT. LAUDERDALE, FL 33309

**DO 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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution.



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

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	CONTRERAS, JOSE M
STREET ADDRESS	22545 SW 65 TERRACE
CITY-ST-ZIP	BOCA RATON, FL 33428
TITLE	VP
NAME	CONTREROS, JOSE A
STREET ADDRESS	22545 SW 65 TERR
CITY-ST-ZIP	BOCA RATON, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOSE M. CONTRERAS

Date

Daytime Phone #

6/16/04

561-883-5224

*Attachment*

*66#29330*  
*#P96000043188*

Tuesday, June 29, 2004  
Division of Corporation  
P.O. Box 6198  
Tallahassee, FL 32314

To whom it may concern..

We had never received the Annual Report post card. On May 4<sup>th</sup> we were advised to retrieve a copy of the report on the Internet and to mail a check for \$150 with an explanation of the missing post card.

On June 28 we received a balance due notice of \$400. We were told that the explanation letter was not in the package, and to send it again with a copy of the Annual Report. (By looking at our past records you will notice a good track record)

Thanks in advance



Jose Contreras  
JC optical Service Inc.  
22545 SW 65<sup>th</sup> Terrace  
Boca Raton FL 33428  
561-883-5224

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