

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90109 034 ***150.00

DOCUMENT # P96000068351

1. Entity Name
SMART VISION PRODUCTS, INC.



Principal Place of Business
**4240 NE 26TH TERRACE
LIGHTHOUSE POINT, FL 33064**

Mailing Address
**4240 NE 26TH TERRACE
LIGHTHOUSE POINT, FL 33064**

00048917



DO NOT WRITE IN THIS SPACE

01212005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0687298

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SIMON, MARILYN S
4240 NE 26TH TERR
LIGHTHOUSE POINT, FL 33064**

**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

Marilyn Simon

3-15-05

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reissuing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE **VP**
NAME **SIMON, ROBERT C**
STREET ADDRESS **4240 NE 26TH TERRACE**
CITY-ST-ZIP **LIGHTHOUSE POINT, FL 33064**

TITLE **PST**
NAME **SIMON, MARILYNN S**
STREET ADDRESS **4240 NE 26TH TERRACE**
CITY-ST-ZIP **LIGHTHOUSE POINT, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP **PLEASE NOTE ABOVE**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP **CHANGES IN**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP **OFFICERS -**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP **THANK YOU**

**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:

Marilyn Simon

3-15-05

954-786-3958

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #