

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 20, 2008 8:00 am**  
**Secretary of State**

03-20-2008 90041 020 \*\*\*150.00

<b>DOCUMENT # P96000080895</b> 1. Entity Name <b>EYE SOCIETY, INC.</b>			
Principal Place of Business <b>1090 KANE CONCOURSE BAY HARBOR, FL 33154</b>		Mailing Address <b>1090 KANE CONCOURSE BAY HARBOR ISLANDS, FL 33154</b>	
2. Principal Place of Business - No P.O. Box # <b>4770 Biscayne Blvd.</b> Suite, Apt. #, etc. <b>Suite 550</b> City & State <b>Miami, FL</b> Zip <b>33137</b> Country <b>USA</b>		3. Mailing Address <b>4770 Biscayne Blvd.</b> Suite, Apt. #, etc. <b>Suite 550</b> City & State <b>Miami, FL</b> Zip <b>33137</b> Country <b>USA</b>	
4. FEI Number <b>65-0698176</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>BUCK, PAULINE KOLKER 1735 DAYTONIA ROAD MIAMI BEACH, FL 33141</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ (NOTE: Registered Agent signature required when reappointing) Signature, typed or printed name of registered agent and title if applicable. DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD BUCK, PAULINE K OD 1090 KANE CONCOURSE BAY HBR, FL 33154	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD BUCK, Pauline OD 4770 Biscayne Blvd, Suite 550 Miami, FL 33137
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD BUCK, EVAN 1090 KANE CONCOURSE BAY HBR, FL 33154	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD BUCK, EVAN 4770 Biscayne Blvd, Suite 550 Miami, FL 33137
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KOLKER, ABRAHAM 9801 COLLINS AVE 16Z BAL HARBOUR, FL 33154	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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>Pauline K BUCK</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <b>2/25/08</b> 305 576 5337 <small>Daytime Phone</small>	

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