

2009 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED
Mar 24, 2009
Secretary of State**

DOCUMENT# P96000084287

Entity Name: COMBINE OPTICAL MANAGEMENT CORP.

Current Principal Place of Business:

6001 BROKEN SOUND PARKWAY
SUITE 508
BOCA RATON, FL 33487

New Principal Place of Business:

Current Mailing Address:

6001 BROKEN SOUND PARKWAY
SUITE 508
BOCA RATON, FL 33487

New Mailing Address:

FEI Number: 11-2663806 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GLACHMAN, NEIL
6001 BROKEN SOUND PARKWAY
SUITE 508
BOCA RATON, FL 33487 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GLACHMAN, NEIL
Address: 17888 FIELDBROOK CIRCLE
City-St-Zip: BOCA RATON, FL 33496

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NEIL GLACHMAN

PD

03/24/2009

Electronic Signature of Signing Officer or Director

_____ Date