


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 13, 2007 8:00 am**  
**Secretary of State**

04-13-2007 90156 017 \*\*\*150.00

<b>DOCUMENT # P97000006075</b>	
1. Entity Name <b>OPTICAL OUTLET IV, INC.</b>	

Principal Place of Business <b>319 SE PORT ST LUCIE BLVD PORT SAINT LUCIE, FL 34984 US</b>	Mailing Address <b>319 SE PORT ST LUCIE BLVD PORT SAINT LUCIE, FL 34984 US</b>
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40058984



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01112007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent <b>ARTEAGEA, LORRAINE 898 SE KENDALL AVENUE PORT ST. LUCIE, FL 34983</b>	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

4. FEI Number <b>65-0722038</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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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 _____	DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ARTEAGA, LORRAINE 898 SE KENDALL AVENUE PORT ST. LUCIE, FL 34983 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PID <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ARTEAGA, RENE 898 SE KENDALL AVE PORT ST LUCIE, FL 34983 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SITID <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OLESEN, CLAYTON L 319 SE PORT ST LUCIE BLVD PORT SAINT LUCIE, FL 34984 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u><i>L Arteaga</i></u>	Date: <u>4/8/07</u>	Daytime Phone #: <u>772-878-1444</u>
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