




**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000071909		
1. Entity Name FLAPJACKS EYEWEAR INTERNATIONAL CORP.		
Principal Place of Business 3451 COMMERCE PARKWAY MIRAMAR, FL 33025		Mailing Address 3451 COMMERCE PARKWAY MIRAMAR, FL 33025
DO NOT WRITE IN THIS SPACE		
		
02092004 No Chg-P CR2E034 (10/03)		
4. FEI Number 65-0789316		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		
ORLINSKY, SCOTT 3451 EXECUTIVE WAY MIRAMAR, FL 33025		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE	D	
NAME	ORLINSKY, MYRON	
STREET ADDRESS	3451 COMMERCE PARKWAY	
CITY-ST-ZIP	MIRAMAR, FL 33025	
TITLE	D	
NAME	ORLINSKY, SCOTT	
STREET ADDRESS	3451 COMMERCE PARKWAY	
CITY-ST-ZIP	MIRAMAR, FL 33025	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		4/22/04 <small>Date</small>
<small>Daytime Phone #</small>		