

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 12, 2005 8:00 am**  
**Secretary of State**

04-12-2005 90149 009 \*\*\*150.00

**DOCUMENT # P97000079442**

1. Entity Name

WESTON EYE CENTER, INC.



Principal Place of Business

4472 WESTON RD  
DAVIE FL 33331

Mailing Address

1059 NAUTICA DR  
FORT LAUDERDALE FL 33327

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



1st MOORE

CR2E034 (10/04)

4. FEI Number **65-0786742**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LAZARUS, DAVID M ESQ.  
2411 HOLLYWOOD BLVD.  
HOLLYWOOD FL 33020

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2005 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete  
NAME **DEL TORO, LUISA I**  
STREET ADDRESS **241 LANDINGS BLVD.**  
CITY-ST-ZIP **WESTON FL 33327**

TITLE **S** ☐ Delete  
NAME **DEL TORO, JORGE I**  
STREET ADDRESS **241 LANDINGS BLVD.**  
CITY-ST-ZIP **WESTON FL 33327**

TITLE **VP** ☐ Delete  
NAME **RAMPOLLA, INES**  
STREET ADDRESS **241 LANDINGS BLVD.**  
CITY-ST-ZIP **WESTON FL 33327**

TITLE **VP** ☐ Delete  
NAME **DEL TORO, LUISA I**  
STREET ADDRESS **241 LANDINGS BLVD**  
CITY-ST-ZIP **WESTON FL 33327**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **A- LUISA I DEL TORO** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **1059 NAUTICA DR.**  
CITY-ST-ZIP **WESTON FL 33327**

TITLE **S JORGE I DEL TORO** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **1059 NAUTICA DR.**  
CITY-ST-ZIP **WESTON FL 33327**

TITLE **VP INES RAMPOLLA** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **1059 NAUTICA DR.**  
CITY-ST-ZIP **WESTON FL 33327**

TITLE **VP LUISA I DEL TORO** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **1059 NAUTICA DR.**  
CITY-ST-ZIP **WESTON FL 33327**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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)(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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #