. 2004 FOR PROFIT CORPORATION ANNUAL REPORT

May 04, 2004 8:00 am Secretary of State DOCUMENT # P97000090334 05-04-2004 90187 030 ***150.00 IN FOCUS OPTICAL, INC. Principal Place of Business Mailing Address SAAPOOLT 3252 DAVIE BLVD 3252 DAVIE BLVD FT LAUDERDALE, FL 33312 FT LAUDERDALE, FL 33312 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04192004 CR2E034 (10/03) Chg-P City & State 4. FEI Number Applied For City & State 65-0788995 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BRODSKY, ERIC L O.D. Street Address (P.O. Box Number is Not Acceptable) 3252 DAVIE BLVD FT LAUDERDALE, FL 33312 City Zip Code FL 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 **\$5.00** May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. ☐ Delete TITLE tresident/C TITLE BRODSKY, ERIC L'OD NAME 4711 CHARDONNAY DR. STREET ADDRESS STREET ADDRESS 4711 Chardonna CORAL SPRINGS, FL 33067 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE F Frankel FRANKEL, JEFF NAME NAME 22975 Greenview Terrace 22975 GREENVIEW TERRACE STREET ADDRESS STREET ADDRESS Boca Raton, FL. 33433 CITY-ST-ZIP BOCA RATON, FL 33433 CITY-ST-7IP ☐ Change TITLE ☐ Delete TIT! F ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete ☐ Change STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 appears with all other like empowered.

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