


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2006 8:00 am
Secretary of State

01-26-2006 90039 011 ***150.00

DOCUMENT # P98000108001 1. Entity Name MYOPTIX INT'L., INC.																													
Principal Place of Business 760 OCEAN DR. MIAMI BEACH, FL 33139			Mailing Address 760 OCEAN DR. MIAMI BEACH, FL 33139																										
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		<div style="font-size: 2em; margin-bottom: 10px;">40000000</div>  <div style="margin-top: 10px;">01072006 Chg-P C:R2E034 (11/05)</div>																									
City & State		City & State																											
Zip		Zip																											
Country		Country																											
4. FEI Number 65-0884758				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 LOGINS, DIMITRY 5401 COLLINS AVE., #415 MIAMI BEACH, FL			7. Name and Address of New Registered Agent Name Dimitry Logins Street Address (P.O. Box Number is Not Acceptable) 21205 NE 37 AVE. # 808 City Aventura FL Zip Code 33180																										
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] DATE JAN 09 '06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">PD</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>LOGINS, DIMITRY</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>3701 NORTH COUNTRY DRIVE #1008</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>AVENTURA, FL 33180</td> <td></td> </tr> </table>			TITLE	PD	<input type="checkbox"/> Delete	NAME	LOGINS, DIMITRY		STREET ADDRESS	3701 NORTH COUNTRY DRIVE #1008		CITY-ST-ZIP	AVENTURA, FL 33180		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;"></td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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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: [Signature] JAN 09'06 (305) 534 8828 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																													