

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000079196

Entity Name: EYECARE FOR KIDS, INC.

FILED
Jan 12, 2004
Secretary of State

Current Principal Place of Business:

1555 SUNSET DR
CORAL GABLES, FL 33143 US

New Principal Place of Business:

Current Mailing Address:

1555 SUNSET DR
CORAL GABLES, FL 33143 US

New Mailing Address:

FEI Number: 65-0948780

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BLIER, HANK
2699 STIRLING RD
C-307
FORT LAUDERDALE, FL 33312

Name and Address of New Registered Agent:

HARPER, MARY S
1555 SUNSET DRIVE
CORAL GABLES, FL 33143 US

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.

SIGNATURE: MARY SUE HARPER

01/12/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HARPER, MARY SUE
Address: 8241 SW 54TH AVENUE
City-St-Zip: MIAMI, FL 33143

Title: STD () Delete
Name: HEATH, JULIAN C
Address: 8241 SW 54 AVE
City-St-Zip: MIAMI, FL 331438425

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARY SUE HARPER

PD

01/12/2004

Electronic Signature of Signing Officer or Director

Date