

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000081281

**FILED**  
**Mar 05, 2012**  
**Secretary of State**

**Entity Name:** EYE OF THE NEEDLE PALM BEACH, INC.

**Current Principal Place of Business:**

313 1/2 WORTH AVENUE  
PALM BEACH, FL 33480

**New Principal Place of Business:**

**Current Mailing Address:**

WALDRON H. RAND & CO.  
P.O. BOX 191  
NEEDHAM HEIGHTS, MA 02494

**New Mailing Address:**

**FEI Number:** 65-0955565      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GOLOV, MANUEL S  
162 PALMETTO LANE  
WEST PALM BEACH, FL 33405      US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PTD  
Name: GOLOV, KAREN S  
Address: 162 PALMETTO LANE  
City-St-Zip: WEST PALM BEACH, FL 33405

I hereby 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 all other like empowered.

SIGNATURE: KAREN S GOLOV

PRES

03/05/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date