
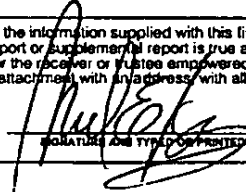


FILED
Mar 13, 2006 8:00 am
Secretary of State

03-13-2006 90076 025 ***150.00

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # S30725		
1. Entity Name LIFESTYLE OPTICIANS, INC.		
Principal Place of Business 7183 PEMBROKE RD PEMBROKE PINES, FL 33023 US		Mailing Address 7183 PEMBROKE RD PEMBROKE PINES, FL 33023 US
DO NOT WRITE IN THIS SPACE		
8. Name and Address of Current Registered Agent BRINON, MIGUEL E. 5581 SW 112TR COOPER CITY, FL 33330		DO NOT WRITE IN THIS SPACE
9. 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)</small> DATE _____		
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		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BRINON, MIGUEL E. 5581 SW 112 TR COOPER CITY, FL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CAM, EILLEN G. 5581 SW 112 TR COOPER CITY, FL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 118, 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:  MIGUEL E. BRINON 01/23/2006 (954) 981-5455 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		



ATTACHMENT

40029702

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 6, 2006

LIFESTYLE OPTICIANS, INC.
7183 PEMBROKE RD
PEMBROKE PINES, FL 33023 US

Subject: **LIFESTYLE OPTICIANS, INC.**

Reference Number:

S30725

Please be advised, we have received your annual report/uniform business report; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The fee to file the enclosed profit annual report/uniform business report is \$150.00. If a certificate of status is desired, please add an additional \$8.75.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/CJ

ANNUAL REPORTS SECTION