2008 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

May 06, 2008 8:00 am Secretary of State DOCUMENT # S50225 1. Entity Name 05-06-2008 90030 048 ***150.00 ONIX OPTICAL CENTERS, INC. Principal Place of Business Mailing Address 1550 W 84TH ST P. O. BOX 4064 HIALEAH FL 33014-0064 STE. 15 HIALEAH FL 33014 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State City & State 4. FEI Number Applied For 65-0265437 Not Applicable Zip Zip Country 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 ucelina LUCELINE, MAYORGA 16621 NW 73 AVE MIAMI FL 330143 8. The above named entity subrigits this statement for the purpose of changing its registered office or registered agent, or coth, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Synature, typed or preceduation of registered open and the Europicable. (NOTE: Registered Agent signature required whon reinstature) DATE FILE NOW!!! FEE IS:\$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Added to Fees Trust Fund Contribution. Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE TITLE ☐ Delete Change ☐ Addition LUCELINA, MAYORGA NAME NAME STREET ADDRESS 16621 NW 73 AVE STREET ADDRESS MIAMI FL 33014 CITY-ST-ZIP CITY-ST-ZIP TITLE Defete TITLE ☐ Change Addition MAYORGA, LUIS H NAME NAME STREET ADDRESS 16621 NW 73 AVE STREET ADDRESS MIAMI FL 33014 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Derete TIRLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CATY-S1-ZIP ☐ Delete HILE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-2IP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 efficer 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 AND TYPED ON PRINTED NAME OF SIGNINGS FRICER OR DIRECTOR DAYS THE PROOF P

FILED