FILED
Jul 07, 2004 08:00 AM
Secretary of State

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # S63790

1. Entity Name
EYE KNOW OPTICAL, INC.

Principal Place of Business	Mailing Address
KENDALL 117 SHOPPING CENTER 11750 NORTH KENDALL DRIVE MIAMI, FL 33186	KENDALL 117 SHOPPING CENTER 11750 NORTH KENDALL DRIVE MIAMI, FL 33186

DO NOT WRITE IN THIS SPACE

06302004 No Chg-P CR2E034 (1 /03)

4. FEI Number
65-0270087
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ $8.7 i Additional Fee F quired

6. Name and Address of Current Registered Agent

WEISS, LORI S.
11750 NORTH KENDALL DRIVE
MIAMI, FL 33186

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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 Lori S. Weiss
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the p or notice.

10. OFFICERS AND DIRECTORS

TITLE	PSD
NAME	WEISS, LORI S.
STREET ADDRESS	11750 N. KENDALL DRIVE
CITY-ST-ZIP	MIAMI, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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CITY-ST-ZIP	
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CITY-ST-ZIP	
TITLE	
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 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 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: Lori S. Weiss 6/21/04 305-271-3199
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone