

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2007 8:00 am
Secretary of State

02-09-2007 90026 019 ***150.00

DOCUMENT # S78880	
1. Entity Name EYE BOUTIQUE OF OAKLAND PARK, INC.	



Principal Place of Business 79 E. OAKLAND PARK BLVD. OAKLAND PARK, FL 33334	Mailing Address 79 E. OAKLAND PARK BLVD. OAKLAND PARK, FL 33334
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40012827



2. Principal Place of Business - No P.O. Box # 1549 STONE HAVEN ESTATES DR.	3. Mailing Address 1549 STONE HAVEN ESTATES DR.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

02052007 Chg-P CR2E034 (12/06)

City & State WEST PALM BEACH, FL.	City & State WEST PALM BEACH, FL.
Zip 33411	Zip 33411
Country USA	Country USA

4. FEI Number 65-0282815	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent SILIDKER, MARTIN E. 79 E. OAKLAND PARK BLVD. OAKLAND PARK, FL 33334	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable) 1549 STONE HAVEN ESTATES DRIVE	
City WEST PALM BEACH	FL Zip Code 33411

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 *Mart Silidker*
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE **2/7/07**

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SILIDKER, MARTIN E. 79 E. OAKLAND PARK BLVD. OAKLAND PARK, FL 1549 STONE HAVEN EST WEST PALM BEACH, FL 33411	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 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: *Mart Silidker*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **2/7/07**
Daytime Phone #