

07/05/05 TUE 11:26 FAX

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 11, 2005 8:00 am**  
**Secretary of State**

07-11-2005 90121 026 \*\*\*150.00

**DOCUMENT # S92533**

1. Entity Name  
**FESTIVAL EYEWORLD, INC.**



Principal Place of Business

**2900 W SAMPLE RD  
STORE 280  
POMPANO BEACH, FL 33073-3026**

Mailing Address

**2800 E. COMMERCIAL BLVD.  
STORE 280  
FORT LAUDERDALE, FL 33308**



07052005 No.Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0299206**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**AMAR, MONIQUE  
2900 W SAMPLE RD  
STORE 280  
POMPANO BEACH, FL 33067**

**DO NOT WRITE  
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when retreating)

DATE

**FILE NOW!!! FEE IS \$560.00  
Due by September 7, 2005**

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

10. OFFICERS AND DIRECTORS.

TITLE	PST
NAME	AMAR, MONIQUE
STREET ADDRESS	7095 NW 49 CT
CITY - ST - ZIP	LAUDERHILL, FL
TITLE	D
NAME	AMAR, MONIQUE
STREET ADDRESS	7095 NW 49 CT
CITY - ST - ZIP	LAUDERHILL, FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 supplementary 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Typing Name #

# ATTACHMENT

Florida Department of State  
5050 W. Tennessee Street  
Tallahassee, Florida

14018425  
#892533

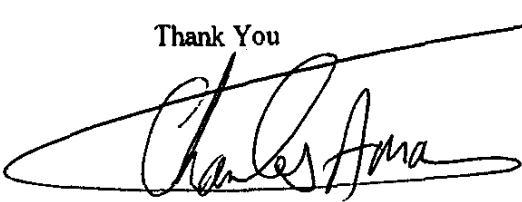
To Whom It May Concern:

Please help me I have never received my corporate annual report from the state.

I called the state and they told me to write to you to tell you that I never received my report.

I have enclosed the \$150.00 fee the women who help me when I called told me to do.

Thank You

A handwritten signature in black ink, appearing to read "Charles Ama", is written over a horizontal line.



**ATTACHMENT**  
**14018425**  
**Division of Corporations**

**2005 Annual Report**

Listed below is the most recent information reported for the entity.  
Please review and click the appropriate button at the bottom to generate the annual report form.

This information cannot be changed on the report.	
Document Number	S92533
Business Entity Name	FESTIVAL EYEWORLD, INC.
Original File Date	11/06/1991

FEI Number 65-0299206

Principal Address 2900 W SAMPLE RD  
STORE 280  
POMPANO BEACH, FL 330733026

Mailing Address 2800 E. COMMERCIAL BLVD.  
STORE 280  
FORT LAUDERDALE, FL 33308

Registered Agent AMAR, MONIQUE  
2900 W SAMPLE RD  
STORE 280  
POMPANO BEACH, FL 33067

**Officer/Director Name And Address**

PST  
AMAR, MONIQUE  
7095 NW 49 CT  
LAUDERHILL, FL

D  
AMAR, MONIQUE  
7095 NW 49 CT  
LAUDERHILL, FL

☒ After May 1 of each year, a late charge of \$400.00 is imposed, except in circumstances in which the entity did not receive prior notice. Please check this box if notice was not received.