

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V33476

Entity Name: KUZNIK OPTIKAL, INC.

FILED
Aug 30, 2004
Secretary of State

Current Principal Place of Business:

1390 SOUTH DIXIE HWY
2206
CORAL GABLE, S 33146 US

New Principal Place of Business:

Current Mailing Address:

5606 RIVIERA DR
CORAL GABLES, FL 33146 US

New Mailing Address:

FEI Number: 65-0342881

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KUZNIK, GREGOR
5606 RIVIERA DR
CORAL GABLES, FL 33146 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: KUZNIK, GREGOR,
Address: 5606 RIVIERA DR
City-St-Zip: CORAL GABLES, FL

Title: STD () Delete
Name: KUZNIK, CARMEN ROSA,
Address: 5606 RIVIERA DR
City-St-Zip: CORAL GABLES, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARMEN KUZNIK

STD

08/30/2004

Electronic Signature of Signing Officer or Director

Date