
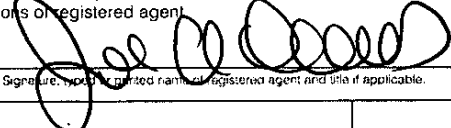
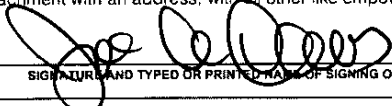


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 10, 2008 8:00 am
Secretary of State

07-10-2008 90013 007 ***150.00

DOCUMENT # 664956 1. Entity Name JOSEFINA OPTICAL CENTER, INC.					
Principal Place of Business 3001 W 12TH AVE. STE 9 HIALEAH, FL 33012 US			Mailing Address 3001 W 12TH AVE. STE 9 HIALEAH, FL 33012 US		
2. Principal Place of Business - No P.O. Box # 660 EAST 16 PLACE		3. Mailing Address 660 EAST 16 PLACE			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State HIALEAH FL		City & State HIALEAH FL		4. FEI Number 59-1981569	
Zip 33010		Country USA		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent MUNIZ, JUANA J 3001 W. 12TH AVE. SUITE 9 HIALEAH, FL 33012			7. Name and Address of New Registered Agent Name MUNIZ JUANA J. Street Address (P.O. Box Number is Not Acceptable) 660 EAST 16 PLACE City HIALEAH FL Zip Code 33010		
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:  JOSE A. Castillo 7/7/08 <small>Signature of person named natural registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT MUNIZ, JUANA J. 660 E. 16TH PLACE HIALEAH, FL 33012	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD CASTILLO, JOSE A. 14550 ENGLISH RD HIALEAH, FL 33014	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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:  JOSE A. Castillo 7/7/08 305 205 5955 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					