

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# J27868

**Entity Name:** EYE OPTICS OF BOCA, INC.

**Current Principal Place of Business:**

2301 WILTON DR., C1  
WILTON MANORS, FL 33305

**Current Mailing Address:**

2301 WILTON DR., C1  
WILTON MANORS, FL 33305

**FEI Number:** 59-2705587

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SHAFFER, ALAN  
2301 WILTON DR R312  
WILTON MANORS, FL 33305 US

*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

**Officer/Director Detail :**

Title PDS  
Name SHAFFER, ALAN  
Address 2301 WILTON DR R312  
City-State-Zip: WILTON MANORS FL 33305

*I hereby 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 all other like empowered.*

**SIGNATURE:** ALAN SHAFFER

**PRES**

**01/27/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date