

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000021701

Entity Name: ESPERANZA EYE CARE INC

Current Principal Place of Business:

1480 CANOPY PASTURE DR
ST CLOUD, FL 34771

Current Mailing Address:

1480 CANOPY PASTURE DR
ST CLOUD, FL 34771 US

FEI Number: 27-5375800

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ESPERANZA, MICHELLE
1480 CANOPY PASTURE DR
ST CLOUD, FL 34771 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 P
Name ESPERANZA, MICHELLE
Address 1480 CANOPY PASTURE DR
City-State-Zip: ST CLOUD FL 34771

Title VP
Name VARGAS, EDWIN M
Address 1480 CANOPY PASTURE DR
City-State-Zip: ST CLOUD FL 34771

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: MICHELLE ESPERANZA

PRESIDENT

04/28/2017

Electronic Signature of Signing Officer/Director Detail

Date