

**2013 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

**FILED**  
**Apr 24, 2013**  
**Secretary of State**  
**CC3899582391**

**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**

**04/24/2013**

Electronic Signature of Signing Officer/Director Detail

Date