

2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F18000000218

Entity Name: SIGHT SUPPLY INC.**Current Principal Place of Business:**2222 PONCE DE LEON BLVD.
STE. 300
CORAL GABLES, FL 33134**Current Mailing Address:**2222 PONCE DE LEON BLVD.
STE. 300
CORAL GABLES, FL 33134 US**FEI Number:** 82-2145194**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**TRAVIESO, ANTHONY R
2222 PONCE DE LEON BLVD.
STE. 300
CORAL GABLES, FL 33134 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	DIRECTOR
Name	TRAVIESO, ANTHONY RENE
Address	2222 PONCE DE LEON BLVD. STE. 300
City-State-Zip:	CORAL GABLES FL 33134

Title	CEO, PRESIDENT, DIRECTOR
Name	SCHWENGLER, ALEXANDER RYAN
Address	2222 PONCE DE LEON BLVD. STE. 300
City-State-Zip:	CORAL GABLES FL 33134

Title	DIRECTOR
Name	SCHULTZ, JIM
Address	2222 PONCE DE LEON BLVD. STE. 300
City-State-Zip:	CORAL GABLES FL 33134

Title	DIRECTOR
Name	DEGROOT, ADAM
Address	2222 PONCE DE LEON BLVD. STE. 300
City-State-Zip:	CORAL GABLES FL 33134

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: ALEXANDER SCHWENGLER

CEO

01/22/2020

Electronic Signature of Signing Officer/Director Detail_____
Date