


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 25, 2005 8:00 am**  
**Secretary of State**

04-25-2005 90269 024 \*\*\*150.00

**DOCUMENT # 685093**

1. Entity Name  
**OPTIMUM INVESTMENTS CORP.**



Principal Place of Business      Mailing Address

**1150 NW 72ND AVENUE PH2  
 AIRPORT EXECUTIVE TOWER 1  
 MIAMI, FL 33126 US**

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 AIRPORT EXECUTIVE TOWER 1  
 MIAMI, FL 33126 US**

**DO NOT WRITE IN THIS SPACE**



03112005    No Chg-P    CR2E034 (10/03)

4. FEI Number      Applied For

**59-2377915**      Not Applicable

5. Certificate of Status Desired        **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**BRODIE, SIDNEY Z  
 7270 NW 12 ST.  
 MIAMI, FL 33126**

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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 \_\_\_\_\_ DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.        **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD CAPO, GERARDO 5025 COLLINS AVE, APT 100 MIAMI BEACH, FL 33140
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP CAPO, CATHERINE 5025 COLLINS AVE. APT. #100 MIAMI BEACH, FL 33140
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S CAPO, CHRISTINE 5600 SW 75 AVE. MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** \_\_\_\_\_ **4/18/05** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #