


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 08:00 AM
Secretary of State

DOCUMENT # 685093 1. Entity Name OPTIMUM INVESTMENTS CORP.	
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Principal Place of Business 1150 NW 72ND AVENUE PH2 AIRPORT EXECUTIVE TOWER 1 MIAMI, FL 33126 US	Mailing Address 1150 NW 72ND AVENUE PH2 AIRPORT EXECUTIVE TOWER 1 MIAMI, FL 33126 US
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04172006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2377915	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BRODIE, SIDNEY Z 7270 NW 12 ST. MIAMI, FL 33128

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE	PTD
NAME	CAPO, GERARDO
STREET ADDRESS	5025 COLLINS AVE, APT 100
CITY-ST-ZIP	MIAMI BEACH, FL 33140
TITLE	VP
NAME	CAPO, CATHERINE
STREET ADDRESS	5025 COLLINS AVE. APT. #100
CITY-ST-ZIP	MIAMI BEACH, FL 33140
TITLE	S
NAME	CAPO, CHRISTINE
STREET ADDRESS	5600 SW 75 AVE.
CITY-ST-ZIP	MIAMI, FL 33143
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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05/09/06-80075-014 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 	Date 04/24/2006	Daytime Phone # 305-5130501
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		