

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 685093

FILED
Apr 18, 2009
Secretary of State

Entity Name: OPTIMUM INVESTMENTS CORP.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-2377915 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

BRODIE, SIDNEY Z
1150 N W 72 AVE.
PH
MIAMI, FL 33126 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

04/18/2009

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: CAPO, GERARDO
Address: 5025 COLLINS AVE, APT 100
City-St-Zip: MIAMI BEACH, FL 33140

Title: VP () Delete
Name: CAPO, CATHERINE
Address: 5025 COLLINS AVE. APT. #100
City-St-Zip: MIAMI BEACH, FL 33140

Title: S () Delete
Name: CAPO, CHRISTINE
Address: 5600 SW 75 AVE.
City-St-Zip: MIAMI, FL 33143

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change () Addition
Name: CAPO, GERARDO
Address: 11300 SW 67 AVE
City-St-Zip: MIAMI, FL 33156

Title: VP (X) Change () Addition
Name: CAPO, CATHERINE
Address: 11300 SW 67 AVE
City-St-Zip: MIAMI, FL 33156

Title: S (X) Change () Addition
Name: CAPO, CHRISTINE
Address: 11300 SW 67 AVE
City-St-Zip: MIAMI, FL 33156

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: GERARDO CAPO

Electronic Signature of Signing Officer or Director

PTD

04/18/2009

Date