



**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 20, 2005 08:00 A**  
**Secretary of State**

DOCUMENT # P0000013224		
1. Entity Name OPTI-INDUSTRIES, INC.		
Principal Place of Business 7236 NW 72 AVE MIAMI, FL 33166	Mailing Address 7236 NW 72 AVE MIAMI, FL 33166	
<b>DO NOT WRITE IN THIS SPACE</b>		 07192005 No Chg-P CR2E034 (10/03)
		4. FEI Number 65-0979114
		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Name and Address of Current Registered Agent  HOLDEN, RUTH N L 11800 BERRY DRIVE COOPER CITY, FL 33026-3704		<b>DO NOT WRITE IN THIS SPACE</b>
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: <i>Ruth L. Holden</i> Signature typed or printed name of registered agent and title if applicable.		Already Registered Agent 7/19/05 DATE
<b>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
10. OFFICERS AND DIRECTORS		
TITLE	D	<b>DO NOT WRITE IN THIS SPACE</b>
NAME	HOLDEN, CLETIS T	
STREET ADDRESS	11800 BERRY DRIVE	
CITY-ST-ZIP	COOPER CITY, FL 330263704	
TITLE	D	
NAME	HOLDEN, GEORGE A	
STREET ADDRESS	11800 BERRY DRIVE	
CITY-ST-ZIP	COOPER CITY, FL 330263704	
TITLE	D	
NAME	HOLDEN, JORGE T	
STREET ADDRESS	11800 BERRY DRIVE	
CITY-ST-ZIP	COOPER CITY, FL 330263704	
TITLE	D	
NAME	HOLDEN, RUTH L	
STREET ADDRESS	11800 BERRY DRIVE	
CITY-ST-ZIP	COOPER CITY, FL 330263704	
TITLE	D	
NAME	RANSOME, DAVID	
STREET ADDRESS	2420 BRICKELL AVE. SUITE 104B	
CITY-ST-ZIP	MIAMI, FL 33129	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: <i>Ruth L. Holden</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: 7/19/05 (305) 805-9920 Daytime Phone #