

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F00000003693

1. Entity Name  
OPTIMA MORTGAGE CORPORATION



Principal Place of Business  
15941 REDHILL AVE., #100  
TUSTIN, CA 92780

Mailing Address  
15941 REDHILL AVE., #100  
TUSTIN, CA 92780

**FILED**  
**Jul 11, 2008 08:00 AM**  
**Secretary of State**



07052008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FE# Number  
33-0749408

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PTCD  
SADEGHI, MIKE  
15941 REDHILL AVE., #100  
TUSTIN, CA 92780

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VD  
SADEGHI, SHIVA  
15941 REDHILL AVE., #100  
TUSTIN, CA 92780

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
S  
SADEGHI, EAMON  
15741 RED HOLL AVE. #100  
TUSTIN, CA 92780

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000354160  
07/11/08-80001-021 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:**

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/05/08 714-836-8800  
Date Daytime Phone #