

2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F12000004478

Entity Name: OPTISTENT, INC.**Current Principal Place of Business:**2982 BELLWIND CIRCLE
ROCKLEDGE, FL 32955**Current Mailing Address:**2982 BELLWIND CIRCLE
ROCKLEDGE, FL 32955**FEI Number:** 45-5231026**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MAZZOCCHI, GINA
2982 BELLWIND CIRCLE
ROCKLEDGE, FL 32955 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_____
Date**Officer/Director Detail :**

Title	C
Name	MAZZOCCHI, RUDY
Address	2982 BELLWIND CIRCLE
City-State-Zip:	ROCKLEDGE FL 32955
Title	P
Name	CALHOUN, MICHAEL
Address	2700 NE 24TH ST
City-State-Zip:	LIGHTHOUSE POINT FL 33064

Title	D
Name	FRANCO, JEFF
Address	300 E LOMBARD ST #840
City-State-Zip:	BALTIMORE MD 21202
Title	S
Name	MAZZOCCHI, GINA
Address	2982 BELLWIND CIRCLE
City-State-Zip:	ROCKLEDGE FL 32955

I hereby 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 all other like empowered.

SIGNATURE: GINA MAZZOCCHI**SECRETARY****02/24/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date