

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 25, 2005 8:00 am**  
**Secretary of State**

04-25-2005 90269 024 \*\*\*150.00

**DOCUMENT # 685093**

1. Entity Name  
**OPTIMUM INVESTMENTS CORP.**



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**

00010611



03112005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2377915**

Applied For  
Not Applicable

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

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

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

**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  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**PTD  
CAPO, GERARDO  
5025 COLLINS AVE, APT 100  
MIAMI BEACH, FL 33140**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**VP  
CAPO, CATHERINE  
5025 COLLINS AVE. APT. #100  
MIAMI BEACH, FL 33140**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**S  
CAPO, CHRISTINE  
5600 SW 75 AVE.  
MIAMI, FL 33143**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #