2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 685093

Entity Name: OPTIMUM INVESTMENTS CORP.

FILED Apr 18, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
Current Frincipal Flace Of Business.	New Fillicipal Flace Of Dusiliess.

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

Current Mailing Address: New Mailing Address:

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

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

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

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: 04/18/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD () Delete Title: PTD (X) Change () Addition Name: CAPO, GERARDO Name: CAPO, GERARDO

 Address:
 5025 COLLINS AVE, APT 100
 Address:
 11300 SW 67 AVE

 City-St-Zip:
 MIAMI BEACH, FL 33140
 City-St-Zip:
 MIAMI, FL 33156

Title: VP () Delete Title: VP (X) Change () Addition Name: CAPO, CATHERINE Name: CAPO, CATHERINE

 Name:
 CAPO, CATHERINE
 Name:
 CAPO, CATHERINE

 Address:
 5025 COLLINS AVE. APT. #100
 Address:
 11300 SW 67 AVE

 City-St-Zip:
 MIAMI BEACH, FL 33140
 City-St-Zip:
 MIAMI, FL 33156

Title: S () Delete Title: S (X) Change () Addition

 Name:
 CAPO, CHRISTINE
 Name:
 CAPO, CHRISTINE

 Address:
 5600 SW 75 AVE.
 Address:
 11300 SW 67 AVE

 City-St-Zip:
 MIAMI, FL 33143
 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 PTD 04/18/2009