

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90160 006 ***150.00

0167501 AV

DOCUMENT # **L68449**

1. Entity Name
OPTIMAL FINANCIAL SERVICES, INC.



Principal Place of Business
~~9900 STIRLING RD~~
~~SUITE 103~~
~~COOPER CITY FL 33024-8040~~

Mailing Address
~~9900 STIRLING RD~~
~~SUITE 103~~
~~COOPER CITY FL 33024-8040~~

2. Principal Place of Business
1601 N FLAMINGO ROAD

Suite, Apt #, etc.
SUITE #2

City & State
PETMBROKE PINES FL

Zip
33026 Country
BROWARD

3. Mailing Address
1601 N. FLAMINGO ROAD

Suite, Apt #, etc.
SUITE #2

City & State
PETMBROKE PINES, FL

Zip
33026 Country
BROWARD



CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0184727**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

BRANAGAN, JOANN M.
~~9900 STIRLING RD~~
~~SUITE 103~~
~~COOPER CITY FL 33024-8040~~

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
1601 N. FLAMINGO ROAD
SUITE #2
City **PETMBROKE PINES, FL** Zip Code **33026**

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 *Joann M. Branagan*
Signature typed or printed name of registered agent and title if applicable.

4/26/03
DATE

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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	<input type="checkbox"/> Delete
PD	BRANAGAN, JOANN M.	9900 STIRLING RD #103	COOPER CITY FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
		1601 N. FLAMINGO ROAD, SUITE #2	PETMBROKE PINES, FL 33026	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *Joann M. Branagan*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/03 (954) 432-7706
Date Daytime Phone #

CR2E034 (10/02)