2004 FOR PROFIT CORPORATION ANNUAL REPORT

6. Name and Address of Current Registered Agent

DOCUMENT # P00000041267

1. Entity Name OPTIMUMBANK.COM

Principal Place of Business

10197 CLEARY BLVD PLANTATION, FL

Mailing Address

10197 CLEARY BLVD PLANTATION, FL

FILED Apr 12, 2004 08:00 AM Secretary of State



04012004 DO NOT WRITE IN THIS SPACE

65-1041812	Not Applicable
4. FEI Number	Applied For
	· · · · · · · · · · · · · · · · · · ·

5. Certificate of Status Desired

\$8.75 Additional Fee Required

CR2E034 (10/03)

DO NOT WRITE

IN THIS SPACE

No Chg-P

		**************************************		11.4	IIIIO OFACE	
the obliga	itions of registered agent.	ourpose of changing its registere	d office or r	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept	
SIGNATURE.	Signature, typed or printed name of registered agent and title	l applicable (NOTE Regislated	Agent signature	required when reinstating)	DATE	
	E NOW!!! FEE IS \$150.88 ay 1, 2004 Fee will be \$550.80	Election Campaign Finant Trust Fund Contribution.	cing [\$5.00 May Be Added to Fees		
10.	ÖFFICERS ÄND DIREC	OTORS				
TITLE NAME STREET ADDRESS CITY-S1-ZIP	D BEDZOW, MICHAEL 3250 N 39TH ST HOLLYWOOD, FL 33021				U00000109272 04/12/04-80036-022 158.75	
TITLE NAME STREET ADDRESS CITY - ST- ZIP	DP BROWDY, RICHARD L 11929 SW 56 ST COOPER CITY, FL 33330			•	-	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DECKELBAUM, GORDON J 4444 PLAYERS ST HOLLYWOOD, FL' 33021			DO	NOT WRITE	
RITLE NAME STREET ADDRESS CXTY- ST- 21P	D FAY, PAUL B JR 3756 CLAY ST SAN FRANCISCO, CA 94118			IN T	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC FINCH, ALBERT 3210 NE 56 CT FORT LAUDERDALE, FL 33308					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KAYE, SUMNER G 3521 N 52ND AVE HOLLYWOOD, FL 33021		<i>a</i> -	- · · · · · · · · · · · · · · · · · · ·		
12. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3Xi), Florida Statutes. Hurther certify that the information						

indicated on this report of 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: