


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90329 039 ***158.75

DOCUMENT # P00000041267 1. Entity Name OPTIMUMBANK			
Principal Place of Business 10197 CLEARY BLVD PLANTATION, FL		Mailing Address 10197 CLEARY BLVD PLANTATION, FL	
2. Principal Place of Business 2477 E. COMMERCIAL BLVD		3. Mailing Address 2477 E. COMMERCIAL BLVD	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State FT. LAUDERDALE FL		City & State FT. LAUDERDALE FL	
Zip 33308		Zip 33308	
Country 		Country 	
4. FEI Number 65-1041812		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		03242005 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
Name 		Name 	
Street Address (P.O. Box Number is Not Acceptable) 		Street Address (P.O. Box Number is Not Acceptable) 	
City 		City 	
State FL		Zip Code 	
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 _____ (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 <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEDZOW, MICHAEL 3250 N 39TH ST HOLLYWOOD, FL 33021	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BROWDY, RICHARD L 11929 SW 56 ST COOPER CITY, FL 33330	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DECKELBAUM, GORDON J 4444 PLAYERS ST HOLLYWOOD, FL 33021	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FAY, PAUL B JR 3766 CLAY ST SAN FRANCISCO, CA 94118	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC FINCH, ALBERT 3210 NE 56 CT FORT-LAUDERDALE, FL 33308	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KAYE, SUMNER G 3521 N 52ND AVE HOLLYWOOD, FL 33021	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAM BOREK 3545 LAKE AVE, SUITE 200 WILMETTE IL 60091	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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: <u>Albert J. Finch</u>		ALBERT J. FINCH	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: 4/13/05	
		Daytime Phone #: 954776-2332	