


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 31, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000050309 1. Entity Name OPTIMUM SYSTEMS GROUP, INC.	
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02142004 No Chg-P CR2E034 (10/03)

Principal Place of Business POST OFFICE BOX 1441 OLDSMAR, FL 34677-1441	Mailing Address POST OFFICE BOX 1441 OLDSMAR, FL 34677-1441
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DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3651413	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent WIECKOWSKI, WACLAW 353 SHORE DRIVE EAST OLDSMAR, FL 34677-3915

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	UN00000099926 03/31/04-80025-006 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WIECKOWSKI, ZOFIA 353 SHORE DRIVE EAST OLDSMAR, FL 346773915
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WIECKOWSKI, WACLAW 353 SHORE DRIVE EAST OLDSMAR, FL 346773915
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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)(f), 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: Zofia Wieckowski, President 03/29/2004 (813) 855-0090
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #