

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90189 035 ***150.00

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1. Entity Name
OPTIMUM SYSTEMS GROUP, INC.



Principal Place of Business
POST OFFICE BOX 1441
OLDSMAR, FL 34677-1441

Mailing Address
POST OFFICE BOX 1441
OLDSMAR, FL 34677-1441

DO NOT WRITE IN THIS SPACE



04232006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3651413

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

WIECKOWSKI, WACLAW
353 SHORE DRIVE EAST
OLDSMAR, FL 34677-3915

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IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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
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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
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CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Zofia Wieckowski ZOFIA WIECKOWSKI 04/07/06 (813) 855-0090