


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90290 011 ***150.00

DOCUMENT # P01000080465

1. Entity Name
OPTIMIZER, INC.



Principal Place of Business Mailing Address

13337 SW 88TH AVE **13337 SW 88TH AVE**
MIAMI, FL 33176 **MIAMI, FL 33176**

44067430



03042004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1153238	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

EUGENIO, MASLOWSKI
13337 SW 88TH AVE
MIAMI, FL 33176

DO NOT WRITE 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

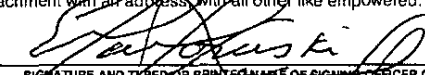
9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PDS
NAME	EUGENIO, MASLOWSKI R
STREET ADDRESS	6820 S.W. 132TH STREET
CITY-ST-ZIP	MIAMI, FL 33156
TITLE	D
NAME	CAZARIAN, ANA
STREET ADDRESS	6820 SW 132 ST
CITY-ST-ZIP	MIAMI, FL 33156
TITLE	D
NAME	FERNANDEZ, HELLY
STREET ADDRESS	802 SUNFLOWER CIR
CITY-ST-ZIP	FORT LAUDERDALE, FL 33327
TITLE	D
NAME	CUSCO, EDUARDO
STREET ADDRESS	8200 SW 84TH TER
CITY-ST-ZIP	MIAMI, FL 33143
TITLE	D
NAME	CARLOS HELLMUND
STREET ADDRESS	13337 SW 88 AVE
CITY-ST-ZIP	MIAMI, FL 33176
TITLE	D
NAME	ROBERTO CELLA
STREET ADDRESS	13337 SW 88 AVE
CITY-ST-ZIP	MIAMI, FL 33176

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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:  _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9.04 (305) 251-0069
Date Daytime Phone #