


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 28, 2005 8:00 am
Secretary of State

03-28-2005 90075 006 ***150.00

DOCUMENT # P01000080465 1. Entity Name OPTIMIZER, INC.	
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Principal Place of Business 13337 SW 88TH AVE MIAMI, FL 33176	Mailing Address 13337 SW 88TH AVE MIAMI, FL 33176
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DO NOT WRITE IN THIS SPACE



03012005 No Chg-P CR2E034 (10/03)

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 _____ 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, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5:00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDS EUGENIO, MASLOWSKI R 6820 S.W. 132TH STREET MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAZARIAN, ANA 6820 SW 132 ST MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FERNANDEZ, HELLY 802 SUNFLOWER CIR FORT LAUDERDALE, FL 33327
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CUSCO, EDUARDO 8200 SW 84TH TER MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HELLMUND, CARLOS 13337 SW 88 AVE MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CELLA, ROBERTO 13337 SW 88 AVE MIAMI, FL 33176

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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)(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:  _____ DATE _____ DAYTIME PHONE # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR