

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000080465

FILED
Mar 10, 2006
Secretary of State

Entity Name: OPTIMIZER, INC.

Current Principal Place of Business:

13337 SW 88TH AVE
MIAMI, FL 33176

New Principal Place of Business:

Current Mailing Address:

13337 SW 88TH AVE
MIAMI, FL 33176

New Mailing Address:

FEI Number: 65-1153238 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

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.

SIGNATURE: EUGENIO MASLOWSKI 03/10/2006
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PDS () Delete
Name: EUGENIO, MASLOWSKI R
Address: 6820 S.W. 132TH STREET
City-St-Zip: MIAMI, FL 33156

Title: D () Delete
Name: CAZARIAN, ANA
Address: 6820 SW 132 ST
City-St-Zip: MIAMI, FL 33156 OC

Title: D () Delete
Name: FERNANDEZ, HELLY
Address: 802 SUNFLOWER CIR
City-St-Zip: FORT LAUDERDALE, FL 33327

Title: D () Delete
Name: CUSCO, EDUARDO
Address: 8200 SW 84TH TER
City-St-Zip: MIAMI, FL 33143

Title: D () Delete
Name: HELLMUND, CARLOS
Address: 13337 SW 88 AVE
City-St-Zip: MIAMI, FL 33176

Title: D () Delete
Name: CELLA, ROBERTO
Address: 13337 SW 88 AVE
City-St-Zip: MIAMI, FL 33176

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: GAZARIAN, ANA
Address: 6820 SW 132 ST
City-St-Zip: MIAMI, FL 33156 US

Title: D (X) Change () Addition
Name: MASLOWSKI, NICOLAS E
Address: AV. MIRANDA, TORRE BAZAR BOLIVAR
City-St-Zip: PISO 10, CARACAS, CS 1065 VE

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EUGENIO MASLOWSKI PDS 03/10/2006
Electronic Signature of Signing Officer or Director Date