

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000029096

Entity Name: OPTIMUS AFFAIRS CO.

FILED  
Apr 30, 2009  
Secretary of State

**Current Principal Place of Business:**

8060 SW 159 PL  
MIAMI, FL 33193

**New Principal Place of Business:**

**Current Mailing Address:**

8060 SW 159 PL  
MIAMI, FL 33193

**New Mailing Address:**

FEI Number: 04-3644561      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

VIADERO, CRISTINA  
8060 SW 159 PL  
MIAMI, FL 33193      US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: PENALOZA, LUZ  
Address: 8060 SW 159 PL  
City-St-Zip: MIAMI, FL 33193

Title: V ( ) Delete  
Name: GARCIA, JAIME  
Address: 8060 SW 159 PL  
City-St-Zip: MIAMI, FL 33193

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: V (X) Change ( ) Addition  
Name: VIADERO, CRISTINA  
Address: 8060 SW 159 PL  
City-St-Zip: MIAMI, FL 33193

I hereby certify that the information supplied with this filing does not qualify 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: LUZ PENALOZA

P

04/30/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date