2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE: _

SIGNATURE AND TX

ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 09, 2004 08:00 AM DOCUMENT # P02000108061 **Secretary of State** 1. Entity Name OPTIMUM RESOURCES, INC. Principal Place of Business Mailing Address 8211 W BROWARD BLVD STE 350 PLANTATION FL 33324 8211 W BROWARD BLVD STE 350 PLANTATION FL 33324 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc Suite, Apt #, etc. CR2E034 (11/03) MOORE City & State City & State 4. FEI Number Applied For 13-4218456 Not Applicable Ζφ Country Ζιρ Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GUTTA, FRANK 8211 W BROWARD BLVD STE 350 Street Address (P.O. Box Number is Not Acceptable) PLANTATION FL 33324 City Zip Code 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 little if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME GUTTA, FRANK NAME D00000044367 STREET ADDRESS 8211 W BROWARD BLVD STE 350 STREET ADDRESS 02/11/04-80019-010 150.00 CITY-ST-ZIP PLANTATION FL 33324 CITY-ST-ZIP DV ☐ Delete TITLE TITLE ☐ Change Addition GLEICHER, MICHAEL NAME NAME STREET ADDRESS 4448 NW 92 WAY STREET ADDRESS CITY-ST-ZIP SUNRISE FL 33351 CITY-SI-ZIP DΤ TITLE ☐ Defete TITLE ☐ Change Addition NAME DEAZA, ALEXIS MANE STREET ADDRESS 4448 NW 92 WAY STREET ADDRESS CITY-ST-ZIP SUNRISE FL 33351 CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP TITLE Delete TITLE ☐ Change Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-ZIP TITLE ☐ Deiete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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.

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