

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000061608

FILED
Apr 26, 2004
Secretary of State

Entity Name: OPTIMUM FINANCIAL GROUP, INC.

Current Principal Place of Business:

3920 W PARK RD
HOLLYWOOD, FL 33021

New Principal Place of Business:

Current Mailing Address:

3920 W PARK RD
HOLLYWOOD, FL 33021

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

REED, ANNA
1070 CORKWOOD ST
HOLLYWOOD, FL 33019 US

Name and Address of New Registered Agent:

REED, A
1070 CORKWOOD ST
HOLLYWOOD, FL 33019 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: REED A

04/26/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DC () Delete
Name: REED, JOHN
Address: 3920 W PARK RD
City-St-Zip: HOLLYWOOD, FL 33021

Title: CEO (X) Delete
Name: REED, JOHN
Address: 3920 W PARK RD
City-St-Zip: HOLLYWOOD, FL 33021

Title: DPC () Delete
Name: MAMARY, ROGER
Address: 402 VICTORIA CT NW
City-St-Zip: VIENNA, VA 22180

Title: DVTS (X) Delete
Name: REED, ANNA
Address: 1070 CORKWOOD ST
City-St-Zip: HOLLYWOOD, FL 33019

Title: CFO () Delete
Name: REED, ANNA
Address: 1070 CORKWOOD ST
City-St-Zip: HOLLYWOOD, FL 33019

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change () Addition
Name: REED, J
Address: 1070 CORKWOOD STREET
City-St-Zip: HOLLYWOOD, FL 33019

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

Title: COO (X) Change () Addition
Name: MAMARY, R
Address: 402 VICTORIA CT NW
City-St-Zip: VIENNA, VA 22180

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

Title: CFO (X) Change () Addition
Name: REED, A
Address: 1070 CORKWOOD ST
City-St-Zip: HOLLYWOOD, FL 33019

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MAMARY R

COO

04/26/2004

Electronic Signature of Signing Officer or Director

Date