

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000064465

FILED
Apr 19, 2004
Secretary of State

Entity Name: OPTIMUM INVESTMENT GROUP, INC

Current Principal Place of Business:

3920 W PARK ROAD
HOLLYWOOD, FL 33021

New Principal Place of Business:

Current Mailing Address:

3920 W PARK ROAD
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 STREET
HOLLYWOOD, FL 33019 US

Name and Address of New Registered Agent:

MAMARY, W
3920 W PARK ROAD
HOLLYWOOD, FL 33021 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: MAMARY W

04/19/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES () Change (X) Addition
Name: MAMARY, W
Address: 3920 W PARK ROAD
City-St-Zip: HOLLYWOOD, FL 33021 US

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

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 W

PRES

04/19/2004

Electronic Signature of Signing Officer or Director

Date