

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000078884

FILED
Apr 27, 2005
Secretary of State

Entity Name: OPTIONS TECHNOLOGIES, INC.

Current Principal Place of Business:

6905 NW 52 STREET
MIAMI, FL 33166

New Principal Place of Business:

Current Mailing Address:

6905 NW 52 STREET
MIAMI, FL 33166

New Mailing Address:

FEI Number: 20-0094638

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARQUEZ, EDUARDO
6905 NW 52 STREET
MIAMI, FL 33166 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: MARQUEZ, EDUARDO
Address: 240 LENAPE DRIVE
City-St-Zip: MIAMI, FL 33166

Title: VP () Delete
Name: MARQUEZ, HECTOR
Address: 223 LAKEVIEW DRIVE
City-St-Zip: WESTON, FL 33326

Title: TREA () Delete
Name: SOLIS, MILAGROS
Address: 240 LENAPE DRIVE
City-St-Zip: MIAMI SPRINGS, FL 33166

Title: SEC () Delete
Name: MARQUEZ, PATRICIA I
Address: 223 LAKEVIEW DRIVE
City-St-Zip: WESTON, FL 33326

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 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: HECTOR MARQUEZ

VP

04/27/2005

Electronic Signature of Signing Officer or Director

Date