2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007
Secretary of State

DOCUMENT# P05000016964

Entity Name: OPTIMUM REAL ESTATE ASSOC., INC.

Current Principal Place of Business:

3809 NORTH ANDREWS AVE
FORT LAUDERDALE, FL 33309

New Principal Place of Business:

Current Mailing Address:

3809 NORTH ANDREWS AVE
FORT LAUDERDALE, FL 33309

New Mailing Address:

FEI Number: 54-2167969 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

WEIDNER MAXIME
120 NW 43RD STREET
OAKLAND PARK
FORT LAUDERDALE, FL 33309 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: WEIDNER MAXIME 04/27/2007
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DPS ( ) Delete
Name: MAXIME, KEDNER
Address: 3809 NORTH ANDREWS AVE
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: DV ( ) Delete
Name: MAXIME, WEIDNER
Address: 3809 NORTH ANDREWS AVE
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: T ( ) Delete
Name: MAXIME, DURANA
Address: 3809 NORTH ANDREWS AVE
City-St-Zip: FORT LAUDERDALE, FL 33309

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DV (X) Change ( ) Addition
Name: MAXIME, WEIDNER DV
Address: 3809 NORTH ANDREWS AVE
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: T (X) Change ( ) Addition
Name: MAXIME, DURANA T
Address: 3809 NORTH ANDREWS AVE
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: O ( ) Change (X) Addition
Name: KEDLINE, MAXIME O
Address: 120 NW 43RD STREET
City-St-Zip: OAKLAND PARK, FL 333309

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: KEDNER MAXIME PRES 04/27/2007
Electronic Signature of Signing Officer or Director Date