2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jul 29, 2008 8:00 am Secretary of State

Daytime Phone #

| DOCUMENT # P0500050104 1. Entity Name OPTIMUM INVESTMENTS CONSULTANTS, INC. | | | | | | | | 07-29-2008 90009 026 ***150.00 | | | | | |
|---|----------------------------------|--|------------------------|---|----------------------|--|------------|--------------------------------|--------------------------------------|---------------------------|--------------------------------|-------------------|--|
| Driver of Dress of Dresson | | | | ilina Addreses | L | • | | | | | | | |
| Principal Place of Business | | | | Mailing Address | | | | 3 | . | | | | |
| 4715 NW 103 COURT | | | | 4715 NW 103 COURT | | | | | St. Daller | 4 | | | |
| MIAMI, FL 33178 | | | 141 | MIAMI, FL 33178 | | | | | 1.38 | de h | | | |
| | | | | | | | | 1 | | | | | |
| 2. Principal Place of Business - No P.O. Box # 3. | | | | Mailing Address | | | | | | | | | |
| 2, Transpart tade of Educations - No 1.0, Box is | | | | | | | | OBIO1 61111 64111 98151 88111 | | | (1881 I) JOOI | | |
| Suite, Apt. #, etc. | | | | Suite, Apt. #, etc. | | | | : 07252008 | Chg-P | CR2E | 34 (12/06) | | |
| City & State | | | | City & State | | | | 4. FEI Numb | er | | Ap | plied For | |
| | | | Ì | | | | | 20-262 | 2587 | | No | t Applicable | |
| Zip | Zip Country | | Zip Co. | | Соип | try | | F Cortificate | of Status Desired | | \$8.75 Add | litional | |
| | | | | | | | | 5. Certificate | or status Desired | Ш | Fee Require | d | |
| | 6. Name | and Address of Curren | nt Regist | tered Agent | | | | 7. Name and | Address of New R | egistered . | Agent | | |
| | | | | | | Name | | | | | | | |
| ONIES, ID/ | A C | | | | | | | | | | | | |
| 4715 NW 1 | 103 COUF | RT | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | | | |
| MIAMI, FL | 33178 | | | - | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | City | | | | FL | Zip Cod | e | |
| The above named entity submits this statement for the purpose of changing its registers | | | | | | L | | | | , | • | | |
| | | | for the p | urpose of changing its | registere | ed office or r | egister | ed agent, or bo | oth, in the State of Flo | rida. Lam | familiar with. | and accept | |
| the obligations of registered agent. | | | | | | | | | | | | | |
| SIGNATURE | | | | | | | | | | | | | |
| | Signature, typed | for printed name of registered age | nt and title : | applicable (NOTI | Registere | d Agent signature | e required | when reinstating) | | DATE | | | |
| FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008 9. Election Campaign Fir Trust Fund Contribution | | | | | | | | .00 May Be ed to Fees | In accordance w corporation did i | vith s. 607 not receiv | 7.193(2)(b), re the prior r | F.S., the notice. | |
| 10. OFFICERS AND DIREC | | | | TORS | | | ADDITIONS | CHANGES TO OFFI | CERS AND | DIRECTOR: | S IN 11 | | |
| TITLE | PD | , | • | ☐ Delete | TITLE | E | | | | | Change | ☐ Addition | |
| NAME | OVIES, IE | DA C | | | NAM | £ | | | | 11 30 | n | | |
| STREET ADDRESS | RESS 2307 DOUGLAS RD., STE. 400 | | | | ET ADDRESS | 378 | 5 NW | 82 AVE FL 33 | $\#\infty$ | _2 | | | |
| CITY-ST-ZIP | Y-ST-ZIP MIAMI, FL 33145 | | | | -ST-ZIP | Q | ORAZ_ | E 33 | 31/1/2 | | | | |
| TITLE | | | | ☐ Delete | THE | ; | | | | - · CANA | Change | Addition | |
| NAME | | | | L Delate | NAM | | | | | | | | |
| STREET ADDRESS | | | | | | ET ADDRESS | | | | | | | |
| CITY-ST-ZIP | | | | | | -ST-ZIP | | | | | | | |
| | 1 | | | | TITLE | | | | | | Change | Addition | |
| TITLE | | | | ☐ Delete | NAM | 1 | | | | | ☐ Apprints | ☐ Vocation | |
| NAME STREET ADDRESS | | | | | 1 | ET ADDRESS | | | | | | | |
| CITY-ST-ZIP | | | | | | -ST-ZIP | | | | | | | |
| CITT-31-2IF | | | | | | | | | | | | F-1 4 1 122 | |
| TITLE | | | | ☐ Delete | TITL | | | | | | ☐ Change | Addition | |
| NAME | | | | | NAM | | | | | | | | |
| STREET ADDRESS | | | | | | ET ADDRESS | | | | | | | |
| CITY+S1+ZIP | | | | | CITY | - ST - ZIP | | | | | | | |
| TITLE | | | | ☐ Delete | TITLI | ł. | | | | | Change | Addition | |
| NAME | | | | | NAM | į. | | | | | | | |
| STREET ADDRESS | | | | | | ET ADDRESS | | | | | | | |
| CITY-ST-ZIP | | | | | CITY | ST-ZIP | | | | | | | |
| TIFLE | | | | Delete | TITL | E | | | | | Change | Addition | |
| NAME | | | | | NAM | E | | | | | | | |
| STREET ADDRESS | | | | | | ET ADORESS | | | | | | | |
| CITY-ST-ZIP | 1 | | | | CITY | -ST-ZIP | | | | | | | |
| 12. hereby | certify that th | ne information supplied w | ith this fi | ling does not qualify to | or the ex | emptions co | ntained | in Chapter 11 | 9. Florida Statutes I | further cer | tify that the i | nformation | |
| indicated of the cor | l on this repo rooration or t | ort or supplemental report he receiper or trustee em achment with an address | t is true a powered | and accurate and that r d to execute this report | ny signa as requi | ture shall ha | ve the | same lenal ettë | of as if made under (| nath that I | am an officer | Or director | |