

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000098091

FILED
Apr 28, 2009
Secretary of State

Entity Name: OPTIMA REAL ESTATE MANAGEMENT, INC.

Current Principal Place of Business:

1803 PARK CENTER DRIVE
SUITE#200
ORLANDO, FL 32835

New Principal Place of Business:

1803 PARK CENTER DR
SUITE#200
ORLANDO, FL 32835

Current Mailing Address:

1803 PARK CENTER DRIVE
SUITE#200
ORLANDO, FL 32835

New Mailing Address:

FEI Number: 20-5268100 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MATHIN, ABDUL
1803 PARK CENTER DRIVE
SUITE #200
ORLANDO, FL 32835 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: MATHIN, ABDUL
Address: 1803 PARK CENTER DRIVE, SUITE #200,
City-St-Zip: ORLANDO,, FL 32835

Title: VP (X) Delete
Name: MATHIN, NUZHAT
Address: 1803 PARK CENTER DRIVE, SUITE #200
City-St-Zip: ORLANDO, FL 32835

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: ABDUL MATHIN

P

04/28/2009

Electronic Signature of Signing Officer or Director

Date