
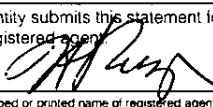


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 22, 2008 8:00 am**  
**Secretary of State**

01-22-2008 90053 010 \*\*\*158.75

<b>DOCUMENT # P06000139267</b> 1. Entity Name <b>OPTIMAL MORTGAGE &amp; INVESTMENT, CORP.</b>					
Principal Place of Business <b>9745 SW 72ND STREET 219 MIAMI, FL 33173</b>		Mailing Address <b>4745 SW 72ND STREET 219 MIAMI, FL 33173</b>			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address <b>9745 SW 72nd Street Suite 219 Miami FL 33173 Dade</b>			
City & State Zip		City & State Zip		4. FEI Number <b>20-5807815</b>	
Country		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>RIZO, HILDA G SUITE 219 MIAMI, FL 33173</b>				7. Name and Address of New Registered Agent Name <b>Hilda G. Rizo</b> Street Address (P.O. Box Number is Not Acceptable) <b>9745 SW 72nd Street Ste 219 Miami FL 33173</b>	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE  _____ <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PS RIZO, HILDA G 9745 SW 72ND ST., STE 219 MIAMI, FL 33173	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  <b>Hilda Rizo</b> <span style="float: right;">1/16/2008</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dwayne Phone #</small>					