

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000040786

FILED  
Mar 07, 2012  
Secretary of State

**Entity Name:** OPTIMUM CREDIT CONSULTANTS, INC.

**Current Principal Place of Business:**

3500 N. STATE ROAD 7  
199  
LAUDERDALE LAKES, FL 33319

**New Principal Place of Business:**

**Current Mailing Address:**

3500 N. STATE ROAD 7  
199  
LAUDERDALE LAKES, FL 33319

**New Mailing Address:**

**FEI Number:** 20-8763153

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MICHEL, MICHAEL D  
3500 N STATE RD 7 SUITE 199  
LAUDERDALE LAKES, FL 33319 US

**Name and Address of New Registered Agent:**

MICHEL, MICHAEL D  
3197 NW 118TH DR  
CORAL SPRINGS, FL 33065 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: MICHAEL D MICHEL

03/07/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: MICHEL, MICHAEL D  
Address: 3500 N STATE RD 7 STE 199  
City-St-Zip: LAUDERDALE LAKES, FL 33319

Title: VP  
Name: PIERRE, ROBERT  
Address: 7304 SW 8TH CT # 23  
City-St-Zip: NORTH LAUDERDALE, FL 33068

Title: VPA  
Name: LABRANCHE, HENRY  
Address: 3341 NW 47 TER 216  
City-St-Zip: LAUDERDALE LAKES, FL 33319

I hereby 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 all other like empowered.

SIGNATURE: MICHAEL D MICHEL

P

03/07/2012

Electronic Signature of Signing Officer or Director

Date