

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000012113

FILED  
Mar 07, 2012  
Secretary of State

**Entity Name:** OPTIMUM BUSINESS CONSULTING, INC.

**Current Principal Place of Business:**

1745 E HALLANDALE BLVD  
1705  
HALLANDALE BCH, FL 33009 US

**New Principal Place of Business:**

**Current Mailing Address:**

1745 E HALLANDALE BLVD  
1705  
HALLANDALE BCH, FL 33009 US

**New Mailing Address:**

**FEI Number:** 26-1880223

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

VARGAS COLAK, EVELYN L  
1745 E HALLANDALE BLVD  
1705  
HALLANDALE BCH, FL 33009 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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: COLAK, METIN  
Address: 1745 E HALLANDALE BLVD #1705  
City-St-Zip: HALLANDALE BCH, FL 33009 US

Title: FD  
Name: VARGAS COLAK, EVELYN L  
Address: 1745 E HALLANDALE BLVD #1705  
City-St-Zip: HALLANDALE BCH, FL 33009 US

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: EVELYN V. COLAK

FD

03/07/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date