## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P08000066606

Entity Name: OPTIMA INTERNATIONAL HOLDINGS INC

FILED Mar 17, 2009 Secretary of State

Entity Nai	me: OPTIMA	INTERNATIONAL HOLDINGS,	INC.		
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
283 CATA CORAL G	LONIA AVE., 2 ABLES, FL 33	RND FLOOR 134			
Current Mailing Address:			New Mailing Address	New Mailing Address:	
283 CATA CORAL G	LONIA AVE., 2 ABLES, FL 33	RND FLOOR 134			
FEI Number	: 26-3002409	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	Address of (	Current Registered Agent:	Name and Address o	Name and Address of New Registered Agent:	
283 CATA	RPORATE SY LONIA ABR., 2 ABLES, FL 33	2ND FLÓOR	283 CATALONIA ABR.	MIAMI CORPORATE SYSTEMS, LLC 283 CATALONIA ABR., 2ND FLOOR CORAL GABLES, FL 33134 US	
	named entity e of Florida.	submits this statement for the po	urpose of changing its registered	d office or registered agent, or both,	
SIGNATURE: SALOMON B. ESQUENAZI, MANAGER				03/17/2009	
	Electro	nic Signature of Registered Age	nt	Date	
Election Car	npaign Financin	g Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	BROMBERG,	ES NO.760-4 COL.LOMAS DE CHAPU	Title: Name: JL Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	BROMBERG, A	ES NO.760-4 COL.LOMAS DE CHAPU	Title: Name: JL Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name:	D ( BROMBERG. (	) Delete BREGORIO	Title: Name:	( ) Change ( ) Addition	

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.

Address:

City-St-Zip:

SIGNATURE: JOSE BROMBERG D 03/17/2009

MONTES URALES NO.760-4 COL.LOMAS DE CHAPUL

11000 MEXICO DF, MEXICO,

Address:

City-St-Zip: