

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000098979

FILED
Mar 16, 2009
Secretary of State

Entity Name: OPTIMAL MANAGEMENT SERVICES, CORP

Current Principal Place of Business:

14750 NW 77 CT
204
MIAMI LAKES, FL 33016 US

New Principal Place of Business:

6625 MIAMI LAKES DRIVE
MIAMI LAKES, FL 33014 US

Current Mailing Address:

14750 NW 77 CT
204
MIAMI LAKES, FL 33016 US

New Mailing Address:

6625 MIAMI LAKES DRIVE
MIAMI LAKES, FL 33014 US

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PROTASOWICKI GUTIERREZ, LAURA R
14750 NW 77 CT
204
MIAMI LAKES, FL 33016 US

Name and Address of New Registered Agent:

PROTASOWICKI GUTIERREZ, LAURA R
6625 MIAMI LAKES DRIVE
MIAMI LAKES, FL 33014 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: LAURA R PROTASOWICKI GUTIERREZ
Electronic Signature of Registered Agent

03/16/2009
Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P,VP () Delete
Name: PROTASOWICKI GUTIERREZ, LAURA R
Address: 14750 NW 77 CT SUITE 204
City-St-Zip: MIAMI LAKES, FL 33016 US

Title: S, T () Delete
Name: PROTASOWICKI, LAURA R
Address: 14750 NW 77 CT SUITE 204
City-St-Zip: MIAMI LAKES, FL 33016 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P,D (X) Change () Addition
Name: PROTASOWICKI GUTIERREZ, LAURA R
Address: 6625 MIAMI LAKES DRIVE
City-St-Zip: MIAMI LAKES, FL 33014 US

Title: S, T (X) Change () Addition
Name: PROTASOWICKI, LAURA R
Address: 6625 MIAMI LAKES DRIVE
City-St-Zip: MIAMI LAKES, FL 33014 US

Title: VP,D () Change (X) Addition
Name: PROTASOWICKI, JUAN D
Address: 6625 MIAMI LAKES DRIVE
City-St-Zip: MIAMI LAKES, FL 33014 US

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: LAURA R PROTASOWICKI GUTIERREZ
Electronic Signature of Signing Officer or Director

P
03/16/2009
Date