

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P08000099634

FILED
Dec 22, 2009
Secretary of State**Entity Name:** OPTIMUM GROUP CONSULTANTS, INC.**Current Principal Place of Business:**8362 PINES BLVD
SUITE 348
PEMBROKE PINES, FL 33024 US**New Principal Place of Business:****Current Mailing Address:**8362 PINES BLVD
SUITE 348
PEMBROKE PINES, FL 33024 US**New Mailing Address:****FEI Number:** **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired ()****Name and Address of Current Registered Agent:**JOEL FRIEND AND ASSOCIATES, INC.
2863 EXECUTIVE PARK DRIVE
SUITE 105
WESTON, FL 33331 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:** P,D () Delete
Name: PUJALS, FRANK
Address: 8362 PINES BLVD
City-St-Zip: PEMBROKE PINES, FL 33024 US**Title:** () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** S () Change (X) Addition
Name: HASBUN, AMIN
Address: 8336 NW 10TH STREET
City-St-Zip: MIAMI, FL 33126 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: FRANK PUJALS

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12/22/2009

Electronic Signature of Signing Officer or Director

Date