


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 08:00 AM
Secretary of State

| | |
|--|---|
| DOCUMENT # P96000090391 1. Entity Name OPTIMAX, INC. |  |
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Principal Place of Business
**433 PLAZA REAL
SUITE 275
BOCA RATON, FL 33432**

Mailing Address
**433 PLAZA REAL
SUITE 275
BOCA RATON, FL 33432**



03242005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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| 4. FEI Number 65-0707382 | Applied For <input type="checkbox"/> Not Applicable |
|------------------------------------|--|

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**BLOCH, STUART E
980 NORTH FEDERAL HIGHWAY
SUITE 412
BOCA RATON, FL 33432**

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IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD LIPSITZ, BERNARD D 4301 N. OCEAN BLVD. APT A 602 BOCA RATON, FL 33431 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DV BENDER, DOUGLAS A 2464 NW 59TH ST., UNIT 1103 BOCA RATON, FL 33496 |
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05/05/05-80019-017 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **BERNARD D. LIPSITZ** 4/28/05 (801) 416-2761
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #