


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2008 8:00 am
Secretary of State

01-29-2008 90005 047 ***158.75

DOCUMENT # P98000034686					
1. Entity Name OPTIONS LIMITED, INC.					
Principal Place of Business 18035 S W 156 AVE MIAMI, FL 33187			Mailing Address OPTIONS LTD INC. 3009 GREEN HILL DR PLANO, TX 75093		
2. Principal Place of Business - No P.O. Box # 19000 SW 74th AVE		3. Mailing Address 6944 Medallion DR.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State MIAMI FL		City & State PLANO, TX		4. FEI Number 58-2381900	
Zip 33157		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LEVY, MICHELE 18035 S W 156 AVE MIAMI, FL 33187			7. Name and Address of New Registered Agent Name: LEVY, MICHELE Street Address (P.O. Box Number is Not Acceptable): 19000 SW 74th AVE City: MIAMI FL Zip Code: 33157		
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: <i>Randy Levy</i> DATE: 1/20/08 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PST NAME LEVY, MICHELE STREET ADDRESS 3009 GREEN HILL DR CITY-ST-ZIP PLANO, TX 75093	<input type="checkbox"/> Delete		TITLE LEVY, MICHELE STREET ADDRESS 6944 Medallion DR CITY-ST-ZIP PLANO, TX 75024	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VCEO NAME LEVY, RANDY STREET ADDRESS 3009 GREEN HILL DR CITY-ST-ZIP PLANO, TX 75093	<input type="checkbox"/> Delete		TITLE LEVY, RANDY STREET ADDRESS 6944 Medallion DR CITY-ST-ZIP PLANO, TX 75024	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Randy Levy</i>			1/20/08 214 407-7105		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					