

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 05, 2004 8:00 am**  
**Secretary of State**

05-05-2004 90214 008 \*\*\*150.00

**DOCUMENT # P98000075311**

1. Entity Name

OPTI - SYSTEMS OF PEMBROKE PINES, INC.



Principal Place of Business

8270 PINES BLVD  
PEMBROKE PINES FL 33026

Mailing Address

8270 PINES BLVD  
PEMBROKE PINES FL 33026

2. Principal Place of Business

8160 Pines Blvd

Suite, Apt. #, etc.

Pembroke Pines

City & State

Florida

Zip 33024

Country USA

3. Mailing Address

8160 Pines Blvd

Suite, Apt. #, etc.

Pembroke Pines

City & State

Florida

Zip 33024

Country USA

24069448



MOORE

CR2E034 (11/03)

4. FEI Number

65-0281263

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

PLUS-LEDGER  
9050 PINES BLVD 450  
PEMBROKE PINES FL 33024

7. Name and Address of New Registered Agent

Name

James R. Nix

Street Address (P.O. Box Number is Not Acceptable)

8160 Pines Blvd

City

Pembroke Pines

FL

Zip Code

33024

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.

☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete  
NAME NIX, JAMES R  
STREET ADDRESS 1131 NW 96TH TERR  
CITY-ST-ZIP PEMBROKES PINES FL 33024

TITLE S ☐ Delete  
NAME JEFFERSON, LINDA  
STREET ADDRESS 1084 N HIATUS RD  
CITY-ST-ZIP PEMBROKES PINE FL 33026

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: James R Nix

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/04 954-442-7990

Date

Daytime Phone #