

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P98000075311

1. Entity Name  
OPTI - SYSTEMS OF PEMBROKE PINES, INC.



Principal Place of Business  
8160 PINES BLVD  
PEMBROKE PINES, FL 33024

Mailing Address  
8160 PINES BLVD  
PEMBROKE PINES, FL 33024

**FILED**

05 MAY -2 PM 3:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



05022005 No Chg-P CR2E034 (10/03)

4. FEI Number  
65-0281263

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

PLUS, LEDGER  
8160 PINES BLVD  
PEMBROKE PINES, FL 33024

**DO NOT WRITE  
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  
Due by September 7, 2005**

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

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	NIX, JAMES R
STREET ADDRESS	1131 NW 96TH TERR
CITY-ST-ZIP	PEMBROKES PINES, FL 33024
TITLE	S
NAME	JEFFERSON, LINDA
STREET ADDRESS	1084 N HIATUS RD
CITY-ST-ZIP	PEMBROKES PINE, FL 33026
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

900054206429  
05/10/05--01041--025 \*\*150.00

**DO NOT WRITE  
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: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-05  
Date

984-472-9144  
Daytime Phone #