

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

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

DOCUMENT # P99000045667		
1. Entity Name OPTIMAX SERVICE CORP.		
Principal Place of Business 433 PLAZA REAL STE. 275 BOCA RATON, FL 33432		Mailing Address 433 PLAZA REAL STE. 275 BOCA RATON, FL 33432
DO NOT WRITE IN THIS SPACE		
		 03242005 No Chg-P CR2E034 (10/03)
4. FEI Number 65-0920280		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent COHEN, EDWARD B 54 S.W. BOCA RATON BLVD. BOCA RATON, FL 33432		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 _____ <small>Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LIPSITZ, BERNARD D 433 PLAZA REAL STE. 275 BOCA RATON, FL 33432	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BENDER, DOUGLAS A 2464 NW 59TH ST., UNIT 1103 BOCA RATON, FL 33496	
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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:  BERNARD D. LIPSITZ		4/28/05 607 46-2761
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>