


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 02, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P99000105360  
 1. Entity Name  
 OPTIMA TOBACCO CORP.



Principal Place of Business      Mailing Address  
 52 N. PROSPECT DR                      52 N. PROSPECT DR  
 CORAL GABLES, FL 33133    US                      CORAL GABLES, FL 33133    US

**DO NOT WRITE IN THIS SPACE**



02192005    No Chg-P    CR2E034 (10/03)

4. FEI Number                      Applied For  
 65-0967419                      Not Applicable

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

6. Name and Address of Current Registered Agent  
 JUDGE, JAMES O  
 52 N. PROSPECT DR.  
 CORAL GABLES, FL 33133

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

**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	D
NAME	MAKEPEACE, R. DENNIS
STREET ADDRESS	7621 LITTLE AVE #200
CITY-ST-ZIP	CHARLOTTE, NC 28226
TITLE	P
NAME	JUDGE, JAMES O
STREET ADDRESS	52 N. PROSPECT DR.
CITY-ST-ZIP	CORAL GABLES, FL 33133
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 03/02/05-80022-011 150.00

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 O. Judge    JAMES O. JUDGE    02/23/05    305-740-0300  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #