

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2004 8:00 am
Secretary of State

04-08-2004 90001 018 ***150.00

DOCUMENT # P00000028800

1. Entity Name
O.M. CORPORATION



Principal Place of Business
**782 N.W. LE JEUNE ROAD
SUITE 548
MIAMI, FL 33126**

Mailing Address
**782 N.W. LE JEUNE ROAD
SUITE 548
MIAMI, FL 33126**

24036883



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03302004 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number
65-0994558

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MARCELO-ROBAINA, MAGDA
782 N.W. LE JEUNE ROAD
SUITE 548
MIAMI, FL 33126**

Name
MARQUEZ & MARCELO-ROBAINA, P.A.
Street Address (P.O. Box Number is Not Acceptable)
782 NW LeJeune Road, Suite 548
City **MIAMI** FL Zip Code **33126**

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]

3/31/04

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**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **DP**
STREET ADDRESS **MARCELO, ORTELIO**
CITY-ST-ZIP **C/O 782 NW LEJEUNE RD., #548
MIAMI, FL 33126**

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

TITLE ☐ Delete
NAME **S**
STREET ADDRESS **MARCELO-ROBAINA, MAGDA**
CITY-ST-ZIP **C/O 782 NW LE JEUNE RD., #548
MIAMI, FL 33126**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/04

DATE

(305) 447-1160

Daytime Phone #