## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P01000038044

Entity Name: OMNIA ONE, INC

FILED Aug 06, 2009 Secretary of State

| Current Principal Place of Business:          |   |  | New Principal Place                         | New Principal Place of Business:             |  |
|---|---|--|---|--|--|
| 900 BAY D<br>SUITE 202<br>MIAMI BEA           |   | 1  |   |  |  |
| Current Mailing Address:                      |   |  | New Mailing Address                         | New Mailing Address:                         |  |
| 900 BAY D<br>SUITE 202<br>MIAMI BEA           |   | 1  |   |  |  |
| FEI Number                                    | : 65-1095488  | FEI Number Applied For ( )   | FEI Number Not Applicable ( )               | Certificate of Status Desired ( )            |  |
| Name and Address of Current Registered Agent: |   |  | Name and Address of                         | Name and Address of New Registered Agent:    |  |
| 900 BAY E<br>SUITE 202                        |   | 1 US   |   |  |  |
|   | e named entity<br>e of Florida.                     | submits this statement for the                                       | purpose of changing its registere           | d office or registered agent, or both,       |  |
| SIGNATUI                                      | RE:   |  |   |  |  |
|   | Electro   | nic Signature of Registered Ag                                       | ent   | Date   |  |
|   |   | 3(2)(b), F.S., the corporation did n<br>g Trust Fund Contribution(). | ot receive the prior notice.                |  |  |
| OFFICERS AND DIRECTORS:                       |   |  | ADDITIONS/CHANG                             | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:   | D (<br>RODRIGUEZ, I<br>900 BAY DRIV<br>MIAMI BEACH, | E, #202  | Title:<br>Name:<br>Address:<br>City-St-Zip: | () Change () Addition                        |  |

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BONNIE RODRIGUEZ D 08/06/2009