

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 26, 2004 8:00 am
Secretary of State

05-26-2004 90004 021 ***150.00

DOCUMENT #

1. Entity Name
OMEZONE INTERNATIONAL GROUP
P03000073493



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

127 Deville Drive
Suite, Apt. #, etc.

3. Mailing Address

127 Deville Dr
Suite, Apt. #, etc.

44045980

DO NOT WRITE IN THIS SPACE

City & State

MARY ESTHER FL

City & State

MARY ESTHER FL

4. FEI Number

550-838-096

Applied For

Not Applicable

Zip

32569

Country

OKLAHOMA

Zip

32569

Country

OKLAHOMA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **LESLIE M LERNER**

Street Address (P.O. Box Number is Not Acceptable)

127 Deville Drive

City **MARY ESTHER**

FL

Zip Code **32569**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

May 17, 2004

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **LESLIE M LERNER**
STREET ADDRESS **127 Deville Dr,**
CITY-ST-ZIP **MARY ESTHER FL 32569**

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 17, 2004 850-581-0266

Date

Daytime Phone #

CR2E034B (12/02)