

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 25, 2005 8:00 am**  
**Secretary of State**

08-25-2005 90003 022 \*\*\*150.00

<b>DOCUMENT # P04000047856</b>					
<b>1. Entity Name</b> CLUB OMEGA, INC.					
<b>Principal Place of Business</b> P O BOX 1407 PALM BAY, FL 34991 <i>CITY</i>			<b>Mailing Address</b> P O BOX 1407 PALM BAY, FL 34991 <i>CITY</i>		
<b>2. Principal Place of Business</b> 1603 S. U.S. Hwy 1 Suite, Apt. #, etc. Fort Pierce City & State FL		<b>3. Mailing Address</b> P.O. Box 1407 Suite, Apt. #, etc.  City & State PALM CITY FL		50063379 	
Zip 34950		Country USA		06022005    Chg-P    CR2E034 (10/03)	
Zip 34990		Country U.S.A.		<b>4. FEI Number</b> 06-1720616	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
<b>6. Name and Address of Current Registered Agent</b> MADDEN, JOHN W 789 S FEDERAL HWY STE 310 STUART, FL 34994			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> Zip Code		
<b>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.</b>					
SIGNATURE <i>Mario J. Suarez</i> <i>MARIO J SUAREZ</i> <i>DIRECTOR 8/20/05</i> <small>Signature, typed or printed name of registered agent and title if applicable.    (NOTE: Registered Agent signature required when re-registering)    DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 7, 2006</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> \$5.00 May Be Added to Fees Trust Fund Contribution.    In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SUAREZ, MARIO P O BOX 1407 PALM CITY, FL 34991	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FELIPE SUAREZ P.O. B 1407 PALM CITY, FL 34994	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERNANDEZ, TINA P O BOX 1407 PALM CITY, FL 34991	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANTON SUAREZ P.O. B 1407 PALM CITY FL 34991	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDREA L SUAREZ P.O. B. 1407 PALM CITY, FL 34991	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>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.</b>					
<b>SIGNATURE:</b> <i>Mario J. Suarez</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			8/20/05    772-460-7978 <small>Date    Daytime Phone #</small>		



ATTACHMENT 50063379  
Division of Corporations

## 2005 Annual Report

Listed below is the most recent information reported for the entity.  
Please review and click the appropriate button at the bottom to generate the annual report form.

This information cannot be changed on the report.	
Document Number	P04000047856
Business Entity Name	CLUB OMEGA, INC.
Original File Date	03/11/2004

FEI Number

Principal Address P O BOX 1407  
PALM BAY, FL 34991

Mailing Address P O BOX 1407  
PALM BAY, FL 34991

Registered Agent JOHN W MADDEN  
789 S FEDERAL HWY  
STE 310  
STUART, FL 34994 US

Officer/Director Name And Address

D  
MARIO SUAREZ  
P O BOX 1407  
PALM CITY, FL 34991

D  
TINA HERNANDEZ  
P O BOX 1407  
PALM CITY, FL 34991

☒ After May 1 of each year, a late charge of \$400.00 is imposed, except in circumstances in which the entity did not receive prior notice. Please check this box if notice was not received.