


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 20, 2007 8:00 am**  
**Secretary of State**

02-20-2007 90042 040 \*\*\*150.00

**DOCUMENT # P05000134810**

1. Entity Name  
**OMAMERICA, INC.**



Principal Place of Business  
**407 LINCOLN ROAD SUITE #10 B  
 MIAMI BEACH, FL 33139**

Mailing Address  
**407 LINCOLN ROAD SUITE #10 B  
 MIAMI BEACH, FL 33139**

2. Principal Place of Business - No P.O. Box #  
**5600 Collins Ave.**

3. Mailing Address  
**5600 Collins Ave.**

Suite, Apt. #, etc.  
**unit 6 G**


Suite, Apt. #, etc.  
**uni 6G**

City & State  
**Miami Beach, Florida**

City & State  
**Miami Beach, Florida**

Zip Country  
**33140 - Miami-Dade**

Zip Country  
**33140 Miami-Dade**



02062007 Chg-P CR2E034 (12/06)

4. FEI Number  
**65-1268722**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**MALIZIA, ANTONINO**  
**407 LINCOLN ROAD SUITE #10 B**  
**MIAMI BEACH, FL 33139**

7. Name and Address of New Registered Agent

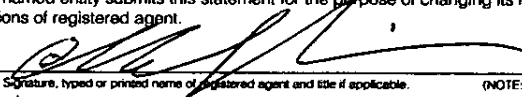
Name  
**MaliziaAntonino**

Street Address (P.O. Box Number is Not Acceptable)  
**5600 Collins Ave. unit 6 G**

City  
**Miami Beach, FL**

Zip Code  
**FL 33140**

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: **02/12/07**

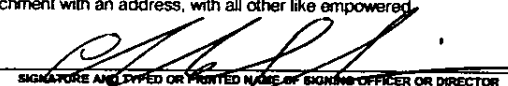
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

**FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$350.00**

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 NAME STREET ADDRESS CITY - ST - ZIP	PST MALIZIA, ANTONINO 407 LINCOLN ROAD SUITE #10 B MIAMI BEACH, FL 33139 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PST Malizia Antonino 5600 Collins Ave. Miami Bch FL 33140 <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
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
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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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  DATE: **02/12/07**

Signature and typed or printed name of signing officer or director Date Daytime Phone #