

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000041909

**Entity Name:** OMR CORP.

**Current Principal Place of Business:**

4256 N US 1  
FORT PIERCE, FL 34946

**Current Mailing Address:**

4256 N US 1  
FORT PIERCE, FL 34946

**FEI Number:** 65-1004062

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MAGALHAES, OSNI  
4256 N US 1  
FORT PIERCE, FL 34946 US

*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.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name MAGALHAES, OSNI  
Address 4256 N US 1  
City-State-Zip: FORT PIERCE FL 34946

Title S  
Name MAGALHAES, MARIA L  
Address 4256 N US 1  
City-State-Zip: FORT PIERCE FL 34946

Title VP  
Name DINIZ, ROBSON L  
Address 4256 N US 1  
City-State-Zip: FORT PIERCE FL 34946

*I hereby 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 all other like empowered.*

**SIGNATURE:** OSNI MAGALHAES

**PRESIDENT**

**03/03/2020**

Electronic Signature of Signing Officer/Director Detail

Date