

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 430549

FILED  
Mar 25, 2009  
Secretary of State

Entity Name: OMNISPHERE CORPORATION

**Current Principal Place of Business:**

8701 SW 137 AVE  
STE 205  
MIAMI, FL 33183

**New Principal Place of Business:**

**Current Mailing Address:**

8701 SW 137 AVE  
STE 205  
MIAMI, FL 33183

**New Mailing Address:**

FEI Number: 59-1472128      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

VALDES, ALEXANDER F PRESIDE  
8701 SW 137 AVE  
205  
MIAMI, FL 33183 US

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

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: SD ( ) Delete  
Name: VALDES, ORLANDO J SECRETA  
Address: 8701 SW 137 AVE STE 205  
City-St-Zip: MIAMI, FL 33183

Title: D ( ) Delete  
Name: HERNANDEZ, YOLANDA DIRECTO  
Address: 8701 SW 137 AVE STE 205  
City-St-Zip: MIAMI, FL 33183

Title: PTD ( ) Delete  
Name: VALDES, ALEXANDER F  
Address: 8701 SW 137TH AVE STE 205  
City-St-Zip: MIAMI, FL 33183

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: ALEXANDER F. VALDES

P

03/25/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date