2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2005
Secretary of State

DOCUMENT# 647646

Entity Name: OMNI INSURANCE AGENCY INC.

Current Principal Place of Business:

420 S. DIXIE HWY. #4-L
CORAL GABLES, FL 33146

New Principal Place of Business:

Current Mailing Address:

420 S. DIXIE HWY. #4-L
CORAL GABLES, FL 33146

New Mailing Address:

FEI Number: 59-1960325 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KWITNEY KROOP & SCHEINBERG, P.A.
410 LINCOLN ROAD
SUITE 512
MIAMI BEACH, FL US

Name and Address of New Registered Agent:

KWITNEY KROOP & SCHEINBERG, P.A.
800 WEST AVENUE
MIAMI BEACH, FL 33139 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: ALFRED SHARFSTEIN 03/18/2005
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: SHARFSTEIN, ALFRED,
Address: 420 S. DIXIE HIGHWAY
City-St-Zip: MIAMI, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: SHARFSTEIN, ALFRED,
Address: 420 S. DIXIE HIGHWAY
City-St-Zip: MIAMI, FL 33146 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ALFRED SHARFSTEIN PRES 03/18/2005
Electronic Signature of Signing Officer or Director Date