


2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

05 APR -4 AM 9:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # F03000001932					
1. Entity Name SUFLETE OMENESTI, INC.					
Principal Place of Business 16558 N.E. 26 AVE., #3G NORTH MIAMI BEACH, FL 33160			Mailing Address 16558 N.E. 26 AVE., #3G NORTH MIAMI BEACH, FL 33160		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 81-0610615	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BIRMAN, LARISA 16558 N.E. 26 AVE., #3G NORTH MIAMI BEACH, FL 33160			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City FL Zip Code		
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 <u>Larisa Birman</u> 04/1/05 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE	CP	<input type="checkbox"/> Delete			
NAME	IVANOV, VALENTIN				
STREET ADDRESS	MOLDOVA CHISINAU, 38 DACID BD.,				
CITY-ST-ZIP	#193, MD-2060,				
TITLE	VCV	<input type="checkbox"/> Delete			
NAME	BIRMAN LARISA				
STREET ADDRESS	16558 N.E. 26AVE. # 3G				
CITY-ST-ZIP	N.M.B., FL 33160				
TITLE	S	<input checked="" type="checkbox"/> Delete			
NAME	BISTRITCAIA IRINA ALEXANDROVNA				
STREET ADDRESS	MOLDOVA CHISINAU, 38 DACID BD.,				
CITY-ST-ZIP	#193, MD-2060,				
TITLE	T	<input type="checkbox"/> Delete			
NAME	KODRIANU LARISA MICHAEOVNA				
STREET ADDRESS	NOLDOVA CHISINAU, 38 DACID BD.,				
CITY-ST-ZIP	#193, MD-2060,				
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME		700051405317			
STREET ADDRESS		04/20/05--01050--018 **61.00			
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME		S. LARISA Birman			
STREET ADDRESS		16558 N.E. 26 AVE. #3G			
CITY-ST-ZIP		NORTH MIAMI BEACH, FL 33160			
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME		T Larisa Birman			
STREET ADDRESS		16558 N.E. 26 AVE. #3G			
CITY-ST-ZIP		N. M. B., FL 33160			
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME		700051405317			
STREET ADDRESS		04/20/05--01050--018 **0.25			
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
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 617, 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: <u>Larisa Birman</u> 04/1/05 (305) 948-3478					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					