

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 09, 2004 8:00 am**  
**Secretary of State**

02-09-2004 90023 012 \*\*\*158.75

**DOCUMENT # F03000004072**

1. Entity Name

OMEGA SECURITY CONSULTANTS, INC.



Principal Place of Business

234 FIFTH AVE. SUITE 301  
NEW YORK NY 10001

Mailing Address

234 FIFTH AVE. SUITE 301  
NEW YORK NY 10001

2. Principal Place of Business

234 FIFTH AVE

3. Mailing Address

234 FIFTH AVE

Suite, Apt. #, etc.

503

Suite, Apt. #, etc.

503

City & State

New York, NY

City & State

New York, NY

Zip

10001

Country

Zip

10001

Country

4. FEI Number

13-4607197

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

MOORE

CR2E034 (11/03)



6. Name and Address of Current Registered Agent

GONZALEZ-MERCADO, EVELYN  
903 N. IOWA AVE.  
LAKELAND FL 33801

7. Name and Address of New Registered Agent

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

*Evelyn Mercado*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/29/04

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.



**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P  
NAME ARMSTRONG, LEON  
STREET ADDRESS 3 ROOSEVELT AVE.  
CITY-ST-ZIP AMITYVILLE NY 11701

☐ Delete

TITLE V  
NAME GONZALEZ, CAMILO  
STREET ADDRESS 20 BALSAM FIR LOOP  
CITY-ST-ZIP WAPPINGER FALL NY 12590

☐ Delete

TITLE S  
NAME IZZARD, ROBERT BOB  
STREET ADDRESS 1345 WELLESLEY APT. 6  
CITY-ST-ZIP LOS ANGELES CA 90025

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/23/04