2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 17, 2005 08:00 AM
Secretary of State

Daytime Phone #

DOCUMENT	# F040000	00798
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1. Entity Name ₹
OMEGA FUNDING CAPITAL CORPORATION



Principal Place of Business

1216 STUYVESANT AVE UNION, NJ 07083

Mailing Address

1216 STUYVESANT AVE UNION, NJ 07083



DO NOT WRITE IN THIS SPACE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

((##//## //// #	Bill Bill Bill Bill Bill Bill	(1) (2011) 1911 1911 1911 1911 1911 1911 1911 1911 1911 1911 1911 1911 1911 1911 1	201
09022005	No Cha-P	CB3E034 (10/03)	

4. FEI Number
22-3649165

5. Certificate of Status Desired

Applied For Not Applicable

\$8.75 Additional Fee Regulred

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the ions of registered agent.	purpose of changing its registere	ed office or registered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and til	De if applicable (NOTE Registered	d Agent signature required when reinstating)	DATE
	LE NOW!!! FEE IS \$550.00 ue by September 7, 2005	Election Campaign Finan Trust Fund Contribution.	cing \$5.00 May Be Added to Fees	
10.	OFFICERS AND DIR	ECTORS	l	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MICHAEL, ADEL 1216 STUYVESANT AVE UNION, NJ 07083			UU00000376549 08/17/05-20001-006 550.00
TITLE NAME STREET ADDRESS CHY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
12. I hereby of indicated of the corchanged.	perify that the information supplied with this on this report or supplemental report is true poration or the receiver or trustee impowe or on an attachment with an address.	filing does not qualify for the exer e and accurate and that my signat ed to execute this report as required ther like empowered	mption stated in Section 119.07(3) ure shall have the same legal effe ed by Chapter 607, Florida Statute	(i), Fiorida Statutes. I further certify that the information ct as if made under cath; that I am an officer or director es, and that my name appears in Block 10 or Block 11 if