
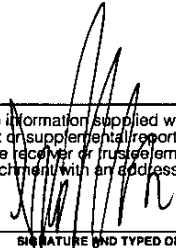


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90074 031 ***158.75

DOCUMENT # K30640			
1. Entity Name OMNI REAL ESTATE AND MANAGEMENT COMPANY, INC.			
Principal Place of Business 509-513 S.W. 2ND PL. POMPANO BEACH, FL 33060		Mailing Address 509-513 S.W. 2ND PL. POMPANO BEACH, FL 33060	
2. Principal Place of Business		3. Mailing Address 2920 E. COMMERCIAL BLVD	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State FT. LAUDERDALE	
Zip	Country	Zip 33308	Country USA
6. Name and Address of Current Registered Agent BURAN, SAM 2920 E COMMERCIAL BLVD FT LAUDERDALE, FL 33308		7. Name and Address of New Registered Agent	
-Name-		-Name-	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
		FL	
Zip Code		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	S <input type="checkbox"/> Delete	TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURAN, JANE E	NAME	BURAN, JANE E.
STREET ADDRESS	509-513 SW 2 PL	STREET ADDRESS	2920 E. COMMERCIAL BLVD
CITY-ST-ZIP	POMPANO BCH, FL 33060	CITY-ST-ZIP	FT. LAUDERDALE, FL 33308
TITLE	PVC <input type="checkbox"/> Delete	TITLE	PT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURAN, SAM P	NAME	BURAN, SAM P
STREET ADDRESS	509-513 SW 2 PL	STREET ADDRESS	2920 E. COMMERCIAL BLVD
CITY-ST-ZIP	POMPANO BCH, FL 33060	CITY-ST-ZIP	FT. LAUDERDALE, FL 33308
TITLE	<input type="checkbox"/> Delete	TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	WILLIAMS, JOSEPH B.
STREET ADDRESS		STREET ADDRESS	509-521 SW 2 PL
CITY-ST-ZIP		CITY-ST-ZIP	POMPANO BEACH, FL 33060
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 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: 		Date 3-16-05 Daytime Phone # 954-492-9988	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	