
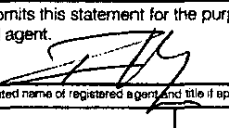
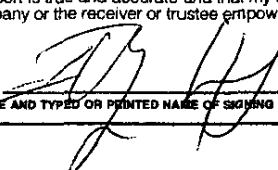


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90021 008 ****50.00

| | | | | | |
|---|--|---|---|---|--|
| DOCUMENT # L03000028089 1. Entity Name OMNIANA CONSULTING, LLC | | | |  | |
| Principal Place of Business 1212 NW 192ND LANE PEMBROKE PINES, FL 33029-4520 | | | Mailing Address 1212 NW 192ND LANE PEMBROKE PINES, FL 33029-4520 | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | 3. Mailing Address PO BOX 327386 Suite, Apt. #, etc. | | | |
| City & State FORT LAUDERDALE, FL | | 4. FEI Number 04-3768531 | | Applied For <input type="checkbox"/> Not Applicable | |
| Zip 33332 | Country USA | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | | | |
| 6. Name and Address of Current Registered Agent SINGH, ILLYA 1212 NW 192ND LANE PEMBROKE PINES, FL 33029-4520 | | | 7. Name and Address of New Registered Agent Name ILLYA SINGH Street Address (P.O. Box Number is Not Acceptable) 5341 HAWKHURST AV City SW RANCHES FL Zip Code 33331 | | |
| 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.</small> | | | DATE 4/29/2004 <small>(NOTE: Registered Agent signature required when reinstating)</small> | | |
| Filing Fee is \$50.00 Due by May 1, 2004 | | | Make check payable to Florida Department of State | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM SINGH, ILLYA 1212 NW 192ND LANE PEMBROKE PINES, FL 330294520 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM SINGH, ILLYA 5341 HAWKHURST AVE SW RANCHES FL33331 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| 11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. | | | | | |
| SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | | DATE 4/29/2004 954 252 2734 <small>Date Daytime Phone</small> | | |