

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000007332

FILED
Mar 14, 2006
Secretary of State

Entity Name: OMNI INTERNATIONAL GROUP, LLC

Current Principal Place of Business:

18459 PINES BOULEVARD
PMB 117
PEMBROKE PINES, FL 33029

New Principal Place of Business:

19235 NW 24TH COURT
PEMBROKE PINES, FL 33029

Current Mailing Address:

18459 PINES BOULEVARD
117
PEMBROKE PINES, FL 33029

New Mailing Address:

19235 NW 24TH COURT
PEMBROKE PINES, FL 33029

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALTERS-MALCOLM, SHERYL
18459 PINES BOULEVARD
117
PEMBROKE PINES, FL 33029 US

Name and Address of New Registered Agent:

WALTERS-MALCOLM, SHERYL
19235 NW 24TH COURT
PEMBROKE PINES, FL 33029 US

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.

SIGNATURE: SHERYL WALTERS MALCOLM

03/14/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: WALTERS-MALCOLM, SHERYL
Address: 19235 NW 24TH COURT
City-St-Zip: PEMBROKE PINES, FL 33029

Title: MGRM () Delete
Name: MALCOLM, EVERTON
Address: 19235 NW 24TH COURT
City-St-Zip: PEMBROKE PINES, FL 33029

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: SHERYL WALTERS MALCOLM

MGR

03/14/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date