2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L05000016037

OMEGA HOME SECURITY, LLC



FILED Apr 19, 2007 8:00 am Secretary of State

04-19-2007 90039 010 ****50.00

Principal Place of Business

SIGNATURE:

6065 N.W. 167TH STREET, SUITE #B-2

MIAMI, FL 33015

Mailing Address 6065 N.W. 167TH STREET, SUITE #B-2

MIAMI, FL 33015



04162007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 11-3775846

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

GONZALEZ, RENE S 6065 N.W. 167TH STREET, SUITE #B-2 MIAMI, FL 33015

DO NOT WRITE IN THIS SPACE

Date

Daytime Phone #

8. The above named entity subpose 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 Signature Append or printed name of registeregorgant and title if policable. (Note: Registered Agent signature required when reinstating) DATE		
Filing Fee is \$50.00 Due by May 1, 2007		
9.	MANAGING MEMBERS/MANAGERS	
TITLE	MGR	
NAME	GONZALEZ, RENE' S 6065 N.W. 167TH STREET, SUITE #B-2	
STREET ADDRESS CITY-ST-ZIP	MIAMI, FL 33015	
TITLE	Tell valid, i E 30010	
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE
		IN THIS COACE
title Name		IN THIS SPACE
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		_
TITLE		
NAME STREET ADDRESS		
CITY-ST-ZIP	_	
11. I hereby certify that the information supplied with this filing does not odalify for the exemptions contained in Chapter 119, 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 in trustee empowered to execute this report as required by Chapter 608, Florida Statutes.		

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBED, OR AUTHORIZED REPRESENTATIVE