

# 2004 FOR PROFIT CORPORATION REINSTATEMENT

*Annual Report*

*P5 1022*

DOCUMENT # L21183

1. Entity Name  
OMNIFOAM, INC.



FILED

04 OCT 18 PM 1:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
11000 NW 32 AVENUE  
MIAMI, FL 33167 US

Mailing Address  
11000 NW 32 AVENUE  
MIAMI, FL 33167 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10072004

REIN-P

CR2E098 (6/04)

4. FEI Number  
65-0152027

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SALAMA, ALBERTO M  
11000 NW 32 AVENUE  
MIAMI, FL 33167

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After January 1, 2005, Fee will be \$300.00**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete  
NAME SALAMA, ALBERTO  
STREET ADDRESS 401 HOLIDAY DRIVE  
CITY-ST-ZIP HALLANDALE, FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME SALAMA, ELIAS  
STREET ADDRESS 3804 SW 53RD CT  
CITY-ST-ZIP HOLLYWOOD, FL 33312

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME SALAMA, SAMUEL  
STREET ADDRESS 19111 COLLINS AVENUE #904  
CITY-ST-ZIP MIAMI, FL 33160

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*10/13/04*  
Date

*305-9137802*  
Daytime Phone #

PJ 2 of 2

# OMNIFOAM INC.

11000 NW 32 AVE MIAMI FL 33167. PHONE: (305) 953-7802. FAX: (305) 341-3217

October 11, 2004

**Florida Department of State**  
Division of Corporations  
409 East Gaines St.  
Tallahassee, FL 32399

**Ref:** 2004 Annual Report for Document Number L21183

Attached you will find our **2004 Annual Report** to be filed, together with our check in the amount of **\$158.75**, to cover the filing fees.

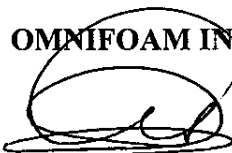
We apologize for the delay in filing, due to the case that we didn't receive the notification for renewal as usual, on the beginning of the year.

Your kind attention will be highly appreciated.

Many thanks,

Sincerely,

OMNIFOAM INC.



**ALBERTO SALAMA**  
President