

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L79277

FILED
Jan 25, 2009
Secretary of State

Entity Name: OMNI FINANCIAL SERVICES, INC.

Current Principal Place of Business:

% COLETTE SUISSA
1750 WILLA CIRCLE
WINTER PARK, FL 327926347

New Principal Place of Business:

C/O COLETTE SUISSA
1750 WILLA CIRCLE
WINTER PARK, FL 327926347

Current Mailing Address:

P.O. BOX 867
GOLDENROD, FL 327330869 US

New Mailing Address:

FEI Number: 59-3021645 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SUISSA, COLETTE
1750 WILLA CIRCLE
WINTER PARK, FL 32792 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PST () Delete
Name: SUISSA, COLETTE,
Address: 1750 WILLA CIRCLE
City-St-Zip: WINTER PARK, FL

Title: D () Delete
Name: SUISSA, COLETTE,
Address: 1750 WILLA CIRCLE
City-St-Zip: WINTER PARK, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: COLETTE SUISSA

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01/25/2009

Electronic Signature of Signing Officer or Director

_____ Date