

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 22, 2005 8:00 am**  
**Secretary of State**

04-22-2005 90263 004 \*\*\*150.00

|                                       |                                                                                   |
|---------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # M19696</b>              |  |
| 1. Entity Name<br>OMAR SEAFOOD, CORP. |                                                                                   |

|                                                                   |                                                                     |
|-------------------------------------------------------------------|---------------------------------------------------------------------|
| Principal Place of Business<br>2111 NW 10 AVE.<br>MIAMI, FL 33127 | Mailing Address<br>4545 N.W. 7TH STREET<br>12<br>MIAMI, FL 33126 US |
|-------------------------------------------------------------------|---------------------------------------------------------------------|

|                                |                     |
|--------------------------------|---------------------|
| 2. Principal Place of Business | 3. Mailing Address  |
| Suite, Apt. #, etc.            | Suite, Apt. #, etc. |
| City & State                   | City & State        |
| Zip                            | Country             |

01052005 Chg-P CR2E034 (10/03)

4. FEI Number  
59-2576432

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



6. Name and Address of Current Registered Agent

VILLAR, OMAR  
3194 S.W. 23RD TERR.  
MIAMI, FL 33145

7. Name and Address of New Registered Agent

Name  
VILLAR, OMAR

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

3322 S.W. 175 AVENUE

City MIRAMAR FL Zip Code 33029

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

|                                                                                     |                                                                                                                 |
|-------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2005 Fee will be \$550.00</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|-------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|

10. OFFICERS AND DIRECTORS

|                                                |                                                             |                                            |
|------------------------------------------------|-------------------------------------------------------------|--------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PS<br>VILLAR, OMAR<br>3194 S.W. 23RD TERR.<br>MIAMI, FL     | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VT<br>VILLAR, TANIA D.<br>3194 S.W. 23RD TERR.<br>MIAMI, FL | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                             | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                             | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                             | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                             | <input type="checkbox"/> Delete            |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                                                |                                                                    |                                                                              |
|------------------------------------------------|--------------------------------------------------------------------|------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PS<br>VILLAR, OMAR<br>3322 S.W. 175 AVENUE<br>MIRAMAR, FL 33029    | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VT<br>VILLAR TANIA D.<br>3322 S.W. 175 AVENUE<br>MIRAMAR, FL 33029 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |

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: OMAR VILLAR 04/08/05 (305) 545 5741