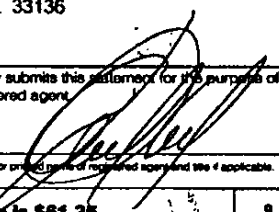
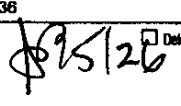
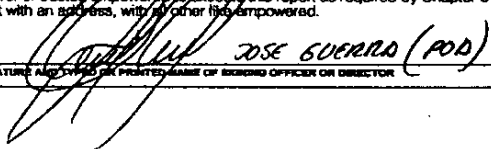


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

05-04-2006 90515 001 *1,411.25
N03000009081

DOCUMENT # N03000009081				FILED	
1. Entity Name OM FOUNDATION, INC.		06 MAY 26 AM 8:39			
Principal Place of Business 1116 S DOUGLAS RD 6 CORAL SPRINGS, FL 33136		Mailing Address 1116 S DOUGLAS RD 6 CORAL SPRINGS, FL 33136			
2. Principal Place of Business 1114 South Douglas Rd. Suite, Apt. #, etc. Suite 6 City & State Coral Gables, Florida Zip 33134 Country USA		3. Mailing Address 1114 South Douglas Rd. Suite, Apt. #, etc. Suite 6 City & State Coral Gables, Florida Zip 33134 Country USA		 03142006 Chg-NP CR2E037 (11/05) 4. FEI Number 20-0318828 Applied For ☐ Not Applicable 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent AGRAMUNT, LUIS 1116 S DOUGLAS RD 6 CORAL GABLES, FL 33136		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1114 South Douglas Rd., Suite 6 City Coral Gables FL Zip Code 33134			
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  LUIS AGRAMUNT 04/15/2006 Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reappointing) DATE		Filing Fee is \$61.25 Due by May 1, 2006 9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUERRA, JOSE 1116 S DOUGLAS RD #6 CORAL GABLES, FL 33136 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1114 South Douglas Rd., Suite 6 Coral Gables, Florida 33134 ☒ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DE GOYENECHÉ, ALFONSO 1116 S DOUGLAS RD #6 CORAL GABLES, FL 33136 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1114 South Douglas Rd., Suite 6 Coral Gables, Florida 33134 ☒ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DE LA PUENTE, PILAR 1116 S DOUGLAS RD #6 CORAL GABLES, FL 33136 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1114 South Douglas Rd., Suite 6 Coral Gables, Florida 33134 ☒ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CASTRO, ALFONSO 1116 S DOUGLAS RD #6 CORAL GABLES, FL 33136 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1114 South Douglas Rd., Suite 6 Coral Gables, Florida 33134 ☒ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D QUIROS, JORGE 1116 S DOUGLAS RD #6 CORAL SPRINGS, FL 33136 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1114 South Douglas Rd., Suite 6 Coral Gables, Florida 33134 ☒ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with another title empowered.					
SIGNATURE:  JOSE GUERRA (POD) 04/15/2006 (305) 668-3027		SIGNATURE AND TITLE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			