

FILED
Apr 30, 2007 08:00 A
407-67 Secretary of State

2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P00000031333		
1. Entity Name OMAT, INC.		
Principal Place of Business 1311 RENEE AVE ORLANDO, FL 32825		Mailing Address PO BOX 721266 ORLANDO, FL 32825
DO NOT WRITE IN THIS SPACE		
		04242007 No Chg-P CR2E034 (11/05)
4. FEI Number 59-3510403		Applied For Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		
OMAT, ALEX 1311 RENEE AVE ORLANDO, FL 32825		DO NOT WRITE IN THIS SPACE
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's signature required when registering) Signature, typed or printed name of registered agent and title if applicable DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P OMAT, ALEX 1311 RENEE AVE ORLANDO, FL 32825	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption 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 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: <u><i>[Signature]</i></u>		4/25/07 407-808-0356
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Day/Year/Phone #