2004 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 29, 2004 8:00 am Secretary of State **DOCUMENT # P00000052899** 04-29-2004 90322 038 ***150.00 OMICRON SUPPLIES, INC. Mailing Address Principal Place of Business 1953 HAMMONODVILLE RD. 1953 HAMMONODVILLE RD. POMPANO BEACH, FL 33069 POMPANO BEACH, FL 33069 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc. 04252004 CR2E034 (10/03) Chg-P City & State 4. FEI Number Applied For City & State 65-1016157 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required* 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name KESSLER, JOSHUA L Street Address (P.O. Box Number is Not Acceptable) 2601 NE 211TH TERRACE NORTH MIAMI BEACH, FL 33180 City 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, based or prioted pame of registered agent and fille diagnificative (NOTE: Registered Agent signature registrary when reinstation DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Addition Delete ☐ Change TIME TITLE KESSLER, JOSHUA L NAME NAME STREET ADDRESS 2601 NE 211TH TERRACE STREET ADDRESS CITY -ST- ZIP MIAMI, FL 33180 City-St-Zip TITLE Delete Change Addition TITLE NAME -NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change | Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete ☐ Addition ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY - ST- ZIP TITLE ☐ Delete ☐ Change ■ Addition NAME MARKE STREET ADDRESS STREET ADDRESS 12. Thereby 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Date

Davrime Phone #