

# 2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

<b>DOCUMENT # P00000054257</b> 1. Entity Name <b>OMEGA GROUP ENTERPRISES, INC.</b>			
Principal Place of Business 1890 HOGAN DRIVE MELBOURNE, FL 32935		Mailing Address 1890 HOGAN DRIVE MELBOURNE, FL 32935	
2. Principal Place of Business <b>321 TRINIDAD DR</b> Suite, Apt. #, etc.		3. Mailing Address <b>321 TRINIDAD DR</b> Suite, Apt. #, etc.	
City & State <b>SATELLITE BEACH, FL</b> Zip <b>32937</b> Country		City & State <b>SATELLITE BEACH, FL</b> Zip <b>32937</b> Country	
4. FEI Number <b>59-3647011</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>NICHOLS, DON</b> <b>1890 HOGAN DRIVE</b> <b>MELBOURNE, FL 32935</b>		7. Name and Address of New Registered Agent Name <b>Nichols, DON</b> Street Address (P.O. Box Number is Not Acceptable) <b>321 TRINIDAD DR</b> City <b>SATELLITE BEACH</b> FL Zip Code <b>32937</b>	
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 <i>[Signature]</i> DATE <b>12/20/2004</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>Amended AR is \$61.25</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NICHOLS, DON 250 ROBERT CT SATELLITE BEACH, FL 32935	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD NORRIS, ROBERT 321 TRINIDAD DR SATELLITE BEACH, FL 32937	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 life empowered.			
SIGNATURE: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <b>12-17-2004</b> Daytime Phone # <b>321-773-4353</b>	

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



12092004 Chg-P CR2E034 (10/03)

4. FEI Number  
59-3647011

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent  
Name Nichols, DON  
Street Address (P.O. Box Number is Not Acceptable)  
321 TRINIDAD DR  
City SATELLITE BEACH FL Zip Code 32937

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] DATE 12/20/2004  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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