


FILED
Jul 27, 2004 8:00 am
Secretary of State

07-27-2004 90037 035 ***150.00

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

54065016

DOCUMENT # P00000094709 1. Entity Name OMARU ASSOCIATES, INC.	
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Principal Place of Business 9000 NW 32 ST CORAL SPRINGS, FL 33065	Mailing Address 9000 NW 32 ST CORAL SPRINGS, FL 33065
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07122004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1047635	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent WALLEN, VICTOR 9000 NW 32 ST CORAL SPRINGS, FL 33065

**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 signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RAPD WALLEN, VICTOR 9000 NW 32 ST CORAL SPRINGS, FL 33065
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO WALLEN, MARY JEAN 9000 NW 32ND ST. CORAL SPRINGS, FL 33065
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE
IN THIS SPACE**

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, without other like empowered.

SIGNATURE: *Victor Wallen* 07/23/2004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment

54065016

**OMARU ASSOCIATES, INC.
9000 NW 32 ST
CORAL SPRINGS FL 33065**

July 12, 2004

Division of Corporations
Annual Report Section
P.O. Box 6327
Tallahassee, FL 32314

REF: **OMARU ASSOCIATES, INC.**
P00000094709

Dear Sir or Madam:

Please be advised that the above-mentioned corporation annual report was never received for timely submission.

Therefore, we are requesting that the delinquent fees be waived and that the corporation is allowed to submit a second annual report with the corresponding fee of \$ 150.00

Please advise.

Your cooperation is appreciated.

Sincerely,

Victor Wallen
Victor Wallen