


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2007 8:00 am**  
**Secretary of State**

04-16-2007 90057 027 \*\*\*150.00

<b>DOCUMENT # P01000022044</b>	
1. Entity Name <b>OMEGA UNDERGROUND, INC.</b>	

Principal Place of Business <b>498 NE 10TH STREET BOCA RATON, FL 33432</b>	Mailing Address <b>498 NE 10TH STREET BOCA RATON, FL 33432</b>
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2. Principal Place of Business - No P.O. Box # <b>541 Golden Harbour Dr</b>	3. Mailing Address <b>541 Golden Harbour Dr</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Boca Raton, FL</b>	City & State <b>Boca Raton, FL</b>
Zip <b>33432</b>	Country <b>USA</b>

04092007 Chg-P CR2E034 (12/06)

4. FEI Number <b>65-1078784</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>INFANTINO, DAVID 498 NE 10TH STREET BOCA RATON, FL 33432</b>	
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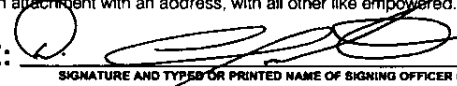
7. Name and Address of New Registered Agent Name <b>David Infantino</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>541 Golden Harbour Drive</b>	
City <b>Boca Raton</b>	FL <b>33432</b>

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 	<b>David Infantino 4/9/07</b>
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE	

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P INFANTINO, DAVID 498 NE 10TH STREET BOCA RATON, FL 33432</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S SARNO, PATRICIA 498 NE 10TH STREET BOCA RATON, FL 33432</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P David Infantino 541 Golden Harbour Drive Boca Raton, FL 33432</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S Patricia Sarno 541 Golden Harbour Drive Boca Raton, FL 33432</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> 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 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: 	<b>David Infantino 4/9/07 954-596-9935</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #	