

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90396 020 \*\*\*150.00

**DOCUMENT #** *P01000078372*

**1. Entity Name**  
*OMEGA RH INVESTMENTS Inc*

**94077931**

**DO NOT WRITE IN THIS SPACE**

|                                                                  |                              |                                          |                |
|------------------------------------------------------------------|------------------------------|------------------------------------------|----------------|
| <b>2. Principal Place of Business</b><br><i>12280 SW 31ST ST</i> |                              | <b>3. Mailing Address</b><br><i>Same</i> |                |
| Suite, Apt. #, etc.                                              |                              | Suite, Apt. #, etc.                      |                |
| <b>City &amp; State</b><br><i>Miami FL</i>                       |                              | <b>City &amp; State</b>                  |                |
| <b>Zip</b><br><i>33175</i>                                       | <b>Country</b><br><i>USA</i> | <b>Zip</b>                               | <b>Country</b> |

|                                           |                               |
|-------------------------------------------|-------------------------------|
| <b>4. FEI Number</b><br><i>05-1087252</i> | Applied Fee<br>Not Applicable |
|-------------------------------------------|-------------------------------|

|                                                                  |                                       |
|------------------------------------------------------------------|---------------------------------------|
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/> | <b>\$8.75 Additional Fee Required</b> |
|------------------------------------------------------------------|---------------------------------------|

**DO NOT WRITE IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

|                                                           |                 |
|-----------------------------------------------------------|-----------------|
| <b>Name</b>                                               |                 |
| <b>Street Address (P.O. Box Number is Not Acceptable)</b> |                 |
| <b>City</b>                                               | <b>Zip Code</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**

**SIGNATURE** \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when consistency.) DATE:

|                                                                                                                                                                                        |                                                                                                                                                                      |                                                                                         |                                    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|------------------------------------|
| <input checked="" type="checkbox"/> This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/> | <b>January 1 - May 1 Fee is \$150.00</b><br><b>After May 1, Fee is \$550.00</b><br><b>Amended UBR is \$61.25</b><br><b>Make Check Payable to Department of State</b> | <b>10. Election Campaign Financing Trust Fund Contribution</b> <input type="checkbox"/> | <b>\$5.00 May Be Added to Fees</b> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|------------------------------------|

| <b>11. OFFICERS AND DIRECTORS</b>                                              |                                                                                       |                                                                                |                                   |
|--------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|-----------------------------------|
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b> | <i>PD</i><br><i>PEREZ Rafael</i><br><i>12280 SW 31ST ST</i><br><i>Miami, FL 33175</i> | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b> |                                   |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b> | <i>VSD</i><br><i>Perez Helen</i><br><i>12280 SW 31ST ST</i><br><i>Miami FL 33175</i>  | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b> |                                   |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b> |                                                                                       | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b> | <b>DO NOT WRITE IN THIS SPACE</b> |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b> |                                                                                       | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b> |                                   |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b> |                                                                                       | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b> |                                   |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b> |                                                                                       | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b> |                                   |

**13. 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 11 of the attachment with an address, with all other like empowered.**

**SIGNATURE:** *Helen Perez* *04-28-04*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

CF2E034E (12/01)