


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90028 028 ***150.00

DOCUMENT # P01000073892 1. Entity Name OMNI BOYS CORP.																													
Principal Place of Business 200 EAST LAS OLAS BLVD. SUITE 1660 FORT LAUDERDALE FL 33301			Mailing Address 200 EAST LAS OLAS BLVD 1660 FORT LAUDERDALE FL 33301																										
2. Principal Place of Business		3. Mailing Address																											
Suite, Apt. #, etc.		Suite, Apt. #, etc.																											
City & State		City & State																											
Zip	Country	Zip	Country																										
4. FEI Number 65-1158620				Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent BISCHOFF, DOUGLAD 200 EAST LAS OLAS BLVD. FORT LAUDERDALE FL 33301																									
7. Name and Address of New Registered Agent Name FRANCESCA RHODIS, ESQ. Street Address (P.O. Box Number is Not Acceptable) 200 E. LAS OLAS BLVD. #1660 City Ft. Lauderdale FL Zip Code 33301				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>F. Rhodis</i> DATE 3/16/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																									
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																									
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">D</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>ZIPES, RICHARD D</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>200 E. LAS OLAS BLVD. #1660</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>FORT LAUDERDALE FL 33301</td> <td></td> </tr> </table>			TITLE	D	<input type="checkbox"/> Delete	NAME	ZIPES, RICHARD D		STREET ADDRESS	200 E. LAS OLAS BLVD. #1660		CITY-ST-ZIP	FORT LAUDERDALE FL 33301		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;"></td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #