


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 07, 2007 8:00 am**  
**Secretary of State**

02-07-2007 90045 029 \*\*\*150.00

<b>DOCUMENT #</b> P01000109395	
<b>1. Entity Name</b> OMAR AUTO-TRANSPORT INC.	

<b>Principal Place of Business</b> 7751 NW 194TH STREET HIALEAH FL 33015	<b>Mailing Address</b> PO BOX 170886 HIALEAH FL 33017
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<b>2. Principal Place of Business - No P.O. Box #</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc. 3900 NW 79 AV- SUITE 578	Suite, Apt. #, etc. PO BOX 170886

1st MOORE CR2E034 (10/06)

<b>City &amp; State</b> DOAL- F-2	<b>City &amp; State</b> HIALEAH- F-2
<b>Zip</b> 33166	<b>Zip</b> 33017

<b>4. FEI Number</b> 65-1153366	<input type="checkbox"/> <b>Applied For</b>
	<input type="checkbox"/> <b>Not Applicable</b>

<b>6. Name and Address of Current Registered Agent</b>
REYES-CHAVEZ, OMAR 7751 N.W. 194 STREET MIAMI FL 33015

<b>7. Name and Address of New Registered Agent</b>
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

**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.**

<b>SIGNATURE</b>	<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	<b>DATE</b>
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**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS	
<b>TITLE</b>	<b>NAME</b>
PD	REYES-CHAVEZ, OMAR
<b>STREET ADDRESS</b>	7751 N.W. 194 STREET
<b>CITY - ST - ZIP</b>	MIAMI FL 33015
<input type="checkbox"/> Delete	
<b>TITLE</b>	<b>NAME</b>
VSD	NUNEZ-MORENO, DUNIA
<b>STREET ADDRESS</b>	7751 N.W. 194 STREET
<b>CITY - ST - ZIP</b>	MIAMI FL 33015
<input type="checkbox"/> Delete	
<b>TITLE</b>	<b>NAME</b>
<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	
<input type="checkbox"/> Delete	
<b>TITLE</b>	<b>NAME</b>
<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	
<input type="checkbox"/> Delete	
<b>TITLE</b>	<b>NAME</b>
<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	
<input type="checkbox"/> Delete	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<b>TITLE</b>	<b>NAME</b>
<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	
<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<b>TITLE</b>	<b>NAME</b>
<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	
<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<b>TITLE</b>	<b>NAME</b>
<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	
<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<b>TITLE</b>	<b>NAME</b>
<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	
<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 Section 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.**

<b>SIGNATURE:</b>	<b>DATE</b>	<b>DAYTIME PHONE #</b>
	1-29-07	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>DATE</small>	<small>DAYTIME PHONE #</small>