

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P01000117019

1. Entity Name
OMI OF PALM BEACH, INC.



Principal Place of Business

OMI GROUP INC.
2200 N COMMERCE PKWY #100
WESTON, FL 33326

Mailing Address

OMI GROUP INC.
2200 N COMMERCE PKWY #100
WESTON, FL 33326

FILED

05 APR 20 PM 3:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01172005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1159243	Applied For Not Applicable
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5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

DELGADO, MARIO R P.A.
2000 PONCE DE LEON BVLD
SUITE 102
CORAL GABLES, FL 33134

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fee 4000052653494
04/28/05-01066--001 **7255.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSDT ACOSTA, NELSON 2200 N COMMERCE PKWY #100 WESTON, FL 33326
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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, with all other like empowered.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-5

Date

Daytime Phone #