

#150

## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000117022

1. Entity Name  
OMI OF AVENTURA II, INC.



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 APR 26 AM 8:00

Principal Place of Business  
C/O OMI OF PLANTATION, INC.  
2200 N. COMMERCE PKWY, SUITE 100  
WESTON, FL 33326

Mailing Address  
C/O OMI OF PLANTATION, INC.  
2200 N. COMMERCE PKWY, SUITE 100  
WESTON, FL 33326

Principal Place of Business  
C/O OMI GROUP

3. Mailing Address  
C/O OMI GROUP



02202004

Chg-P

CR2E034 (10/03)

MRS

4. FEI Number  
65-1159241

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

### 6. Name and Address of Current Registered Agent

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

### 7. Name and Address of New Registered Agent

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.

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

### 10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PST  
ALCOSNA, NELSON  
801 SOUTH UNIVERSITY DR K103A  
PLANTATION, FL 33324 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
ACOSTA, NELSON  
801 SOUTH UNIVERSITY DRIVE  
PLANTATION, FL 33324 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

### 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☒ Change ☐ Addition  
2200 N COMMERCE PKWY #100  
WESTON, FL 33326

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☒ Change ☐ Addition  
2200 N. COMMERCE PKWY. #100  
WESTON, FL 33326

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition  
700034065207  
04/27/04--01034--001 \*\*\*6950.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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 #