2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000022195

Entity Name: OMNI EQUITIES NORTH CORPORATION

FILED Apr 17, 2008 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
5900 N. ANDREWS AVE				21 WEST LAS OLAS BLVD.			
SUITE 500 FORT LAUDERDALE, FL 33309				SUITE 13 FORT LAUDERDALE, FL 33301			
Current Mailing Address:				New Mailing Address:			
	_						
	THRYN MANS TICELLO AVE. IX 75205						
FEI Number: 01-0614205 FEI Number Applied For () FEI I				lumber Not Applicable () Certificate of Status Desired ()			
Name and	Address of C	urrent Registered Agent:		Name and	Address of I	New Registered A	gent:
	ORATION NE ISLAND RD ON, FL 33324). US					
The above in the State		ubmits this statement for the pu	urpose o	f changing it	ts registered o	office or registered	agent, or both,
SIGNATUF	RE:						
	Electroni	ic Signature of Registered Ager	nt			Date	
Election Can	npaign Financing	Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	FRIEDMAN, WIL	STREET, 12TH FLOOR		Title: Name: Address: City-St-Zip:	() Change ()Addition	
Title: Name: Address: City-St-Zip:	MINOR, TODD	Delete H STREET, 12TH FLOOR 1 10019		Title: Name: Address: City-St-Zip:	MINOR, TODD	ELLO AVE., STE 200	
Title: Name: Address: City-St-Zip:	RUBESTEIN, CH	STREET, 12TH FLOOR		Title: Name: Address: City-St-Zip:	() Change ()Addition	
Title: Name: Address: City-St-Zip:	KAMMERMAN, N	WS AVENUE, STE 500		Title: Name: Address: City-St-Zip:	KAMMERMAN	OLAS BLVD., STE 13	
Title: Name: Address: City-St-Zip:	MANSFIELD, KA	LLO AVE., SUITE 200		Title: Name: Address: City-St-Zip:	() Change ()Addition	
Title: Name: Address: City-St-Zip:	FAGERLI, OLAF	WS AVE STE 500		Title: Name: Address: City-St-Zip:	FAGERLI, OLA 21 WEST LAS	() Change () Addition AF OLAS BLVD., STE 13 ALE, FL 33301	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KATHRYN MANSFIELD SEC 04/17/2008