

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P02000028071

1. Entity Name  
OMEGA PLASTER DESIGN, INC.



Principal Place of Business  
% 1390 HAMMONDVILLE ROAD  
POMPANO BEACH, FL 33069

Mailing Address  
% 1390 HAMMONDVILLE ROAD  
POMPANO BEACH, FL 33069



04292004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
41-2032136

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

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

SALGANOV, BORIS  
1390 HAMMONDVILLE ROAD  
POMPANO BEACH, FL 33069

**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, if not applicable)

(NOTE: Registered Agent's signature and address are required)

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

U00000145960  
05/03/04-80047-005 150.00

**10. OFFICERS AND DIRECTORS**

|                |                         |
|----------------|-------------------------|
| FILE           | DPVP                    |
| NAME           | SALGANOV, BORIS         |
| STREET ADDRESS | 1390 HAMMONDVILLE ROAD  |
| CITY, ST, ZIP  | POMPANO BEACH, FL 33069 |
| FILE           | TS                      |
| NAME           | SALGANOV, BORIS         |
| STREET ADDRESS | 1390 HAMMONDVILLE ROAD  |
| CITY, ST, ZIP  | POMPANO BEACH, FL 33069 |
| FILE           |                         |
| NAME           |                         |
| STREET ADDRESS |                         |
| CITY, ST, ZIP  |                         |
| FILE           |                         |
| NAME           |                         |
| STREET ADDRESS |                         |
| CITY, ST, ZIP  |                         |
| FILE           |                         |
| NAME           |                         |
| STREET ADDRESS |                         |
| CITY, ST, ZIP  |                         |

**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: ☒

*Boris Salganov* **BORIS SALGANOV**

**DPVP. APR 29/04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR