

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000028071

FILED
Mar 03, 2005
Secretary of State

Entity Name: OMEGA PLASTER DESIGN, INC.

Current Principal Place of Business:

% 1390 HAMMONDVILLE ROAD
POMPANO BEACH, FL 33069

New Principal Place of Business:

1390 HAMMONDVILLE ROAD
D
POMPANO BEACH, FL 33069

Current Mailing Address:

% 1390 HAMMONDVILLE ROAD
POMPANO BEACH, FL 33069

New Mailing Address:

1390 HAMMONDVILLE ROAD
D
POMPANO BEACH, FL 33069

FEI Number: 41-2032136

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SALGANOV, BORIS
1390 HAMMONDVILLE ROAD
POMPANO BEACH, FL 33069 US

Name and Address of New Registered Agent:

SALGANOV, BORIS
1390 HAMMONDVILLE ROAD
D
POMPANO BEACH, FL 33069 US

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.

SIGNATURE:

03/03/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPVP () Delete
Name: SALGANOV, BORIS
Address: 1390 HAMMONDVILLE ROAD
City-St-Zip: POMPAN0 BEACH, FL 33069

Title: TS () Delete
Name: SALGANOV, BORIS
Address: 1390 HAMMONDVILLE ROAD
City-St-Zip: POMPAN0 BEACH, FL 33069

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPVP (X) Change () Addition
Name: SALGANOV, BORIS
Address: 1390 HAMMONDVILLE ROAD #D
City-St-Zip: POMPAN0 BEACH, FL 33069

Title: TS (X) Change () Addition
Name: SALGANOV, BORIS
Address: 1390 HAMMONDVILLE ROAD #D
City-St-Zip: POMPAN0 BEACH, FL 33069

I hereby certify that the information supplied with this filing does not qualify for the 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 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: BORIS SALGANOV

P

03/03/2005

Electronic Signature of Signing Officer or Director

Date