

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P02000028071

1. Entity Name
OMEGA PLASTER DESIGN, INC.



FILED
05 NOV 16 AM 11:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Mailing Address
1390 HAMMONDVILLE ROAD
D
POMPANO BEACH, FL 33069

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

11032005 Chg-P CR2E034 (10/03)

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

7. Name and Address of New Registered Agent

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

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

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DPVP
NAME SALGANOV, BORIS
STREET ADDRESS 1390 HAMMONDVILLE ROAD #D
CITY-ST-ZIP POMPANO BEACH, FL 33069 ☐ Delete

TITLE DP
NAME SALGANOV, BORIS ☒ Change ☐ Addition
STREET ADDRESS 1390 HAMMONDVILLE ROAD #D
CITY-ST-ZIP POMPANO BEACH, FL 33069

TITLE TS
NAME SALGANOV, BORIS
STREET ADDRESS 1390 HAMMONDVILLE ROAD #D
CITY-ST-ZIP POMPANO BEACH, FL 33069 ☐ Delete

TITLE D, VP
NAME GOLONNEVSKY, IGOR ☐ Change ☒ Addition
STREET ADDRESS 1390 HAMMONDVILLE ROAD #D
CITY-ST-ZIP POMPANO BEACH, FL 33069

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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 TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

NOV 10/05.