FILED
May 02, 2003 8:00 am
Secretary of State
05-02-2003 90740 036 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000028071

1. Entity Name
OMEGA PLASTER DESIGN, INC.

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

2. Principal Place of Business	3. Mailing Address
Same	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

☐ CHECK HERE IF MAKING CHANGES

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 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 _____ DATE
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when changing)

FLORIDA LAW REQUIRES THAT AT LEAST ONE OFFICER OR DIRECTOR BE LISTED. ANY CHANGES TO OFFICERS OR DIRECTORS MUST BE REPORTED. (SEE INSTRUCTIONS)

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DPVP SALGANOV, BORIS ~~21N SW 1ST STREET, NO 5~~ POMPANO BEACH, FL 33060	☐ Delete	DPVP SALGANOV, BORIS 1390 HAMMONDVILLE ROAD POMPANO BEACH FL 33069	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TS SALGANOV, BORIS ~~21N SW 1ST STREET, NO 5~~ POMPANO BEACH, FL 33060	☐ Delete	TS SALGANOV, BORIS 1390 HAMMONDVILLE ROAD POMPANO BEACH FL 33069	☑ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E084 (10/02)

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 blank like empowered.

SIGNATURE: BSalg 4/28/03 954-785-6742
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #
BORIS SALGANOV