

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000031303

1. Entity Name  
OMI CT OF FT. LAUDERDALE, INC.



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 APR 26 AM 8:00

Principal Place of Business  
C/O OMI GROUP, INC  
2200 N. COMMERCE PKWY  
WESTON, FL 33326

Mailing Address  
C/O OMI GROUP, INC  
2200 N. COMMERCE PKWY  
WESTON, FL 33326

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#100

#100

City & State

City & State

Zip

Country

Zip

Country

02202004

Chg-P

CR2E034 (10/03)

4. FEI Number  
04-3626913

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

DELGADO, P.A., MARIO R  
2000 PONCE DE LEON BLVD. #102  
CORAL GABLES, FL 33135

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL 33134

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

4/2/04

**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

10. OFFICERS AND DIRECTORS

TITLE PSTD  
NAME ACOSTA, NELSON ☐ Delete  
STREET ADDRESS 801 SOUTH UNIVERSITY DRIVE SUITE K103-A  
CITY-ST-ZIP PLANTATION, FL 33324

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 2200 N COMMERCE PKWY, #100  
CITY-ST-ZIP WESTON, FL 33326

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 300034065163  
CITY-ST-ZIP 04/27/04--01034--001 \*\*6950.00

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

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

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

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

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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #