

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000041315

FILED
Mar 06, 2008
Secretary of State

Entity Name: OMEGA FINANCIAL & CONSULTING SERVICES, INC.

Current Principal Place of Business:

14249 MEMORIAL HIGHWAY
NORTH MIAMI, FL 33161

New Principal Place of Business:

12550 BISCAYNE BLVD STE 500
NORTH MIAMI, FL 33181

Current Mailing Address:

14249 MEMORIAL HIGHWAY
NORTH MIAMI, FL 33161

New Mailing Address:

FEI Number: 01-0668019 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

VIGILANT, CATHERINE PRES
14249 MEMORIAL HWY
NORTH MIAMI, FL 33161 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: VIGILANT, CATHERINE
Address: 14249 MEMORIAL HIGHWAY
City-St-Zip: NORTH MIAMI, FL 33161

Title: ST () Delete
Name: SMITH, ALICE S
Address: 14249 MEMORIAL HWY
City-St-Zip: NORTH MIAMI, FL 33161

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: CATHERINE VIGILANT

PRES

03/06/2008

Electronic Signature of Signing Officer or Director

_____ Date