2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

DOCUMENT # P02000056269

1. Entity Name TRG - OMP, INC.



FILED Apr 24, 2003 8:00 am Secretary of State

04-24-2003 90184 049 ***158.75

				S. WES		
Principal Place of Business 2828 CORAL WAY PENTHOUSE SUITE		Mailing Address 2828 CORAL WAY PENTHOUSE SUITE				
MIAMI FL 33145		MIAMI FL 33145				
2. Principal Place of Business		3. Mailing Address			T TOBERTOON THE OBJUST REAL DOUBLE OBSILE OBJECT BUILDE OBJUST OBJECT AND THE OBJECT AND THE OBJECT	
Suite, Apt. #, etc.		Suite, Apt. #, etc	J.		CHECK HERE IF MAKING CHANGES	
City & State		City & State			4. FEI Number 0741022 Applie	
Zip	Country	Zip	Cour	ntry	5. Certificate of Status Desired \$8.75 Addition Fee Required	nal
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent	
HERNANDEZ,	ANGEL	مان معلى المان	The second second	Name		
2828 CORAL WAY				Street Address (P.O. Box Number is Not Acceptable)		

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.

City

SIGNATURE

PENTHOUSE SUITE MIAMI FL 33145

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

GLE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Zip Code

cable

10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE TITLE ☐ Delete ☐ Change *\udition PEREZ, JORGE M NAME NAME 2828 CORAL WAY PENTHOUSE SUITE STREET ADDRESS STREET ADDRESS MIAMI FL 33145 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE X-Addition ROCHA, ROBERTO 2828 CORALWAY-Penthouse Suite NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33145 V/S HERNANDEZ ANGEL 2828 CORAL WAY-RENTHOUSE Suite TITLE ☐ Delete TITLE 🔏 Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAML TITLE Delete TITLE Addition ALLEN, MATT 2828 CORALWAY- Penthause S NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP MLAML TITLE ☐ Delete TITLE NAME NAME AMI TANEL, STREET ADDRESS STREET ADDRESS 2828 CORAL CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE NAME NAME ANDREW STREET ADDRESS STREET ADDRESS 28 CORAL CITY-ST-ZIP CITY-ST-ZIP MIAMI

12. I hereby certify that the information supplied with this filling 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 ther like empowered.

amcel Hernandez

SIGNATURE:

SIGNATURE AND TYPES OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/02

Daytime Phone #

;R2E034 (10/02