


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

5/3/

**FILED**  
**Jun 04, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90767 044 \*\*\*150.00

<b>DOCUMENT # P02000065979</b>	
1. Entity Name <b>OMNIPRESENCE, INC.</b>	

Principal Place of Business <b>2660 CYPRESS CT MIRAMAR FL 33025</b>	Mailing Address <b>P.O. BOX 43-1055 MIAMI FL 33243</b>
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00460406



MOORE CR2E034 (11/03)

2. Principal Place of Business <b>16499 N.E. 19 Ave</b>		3. Mailing Address	
Suite, Apt. #, etc. <b>Suite 219</b>		Suite, Apt. #, etc.	
City & State <b>North Miami Beach, FL</b>		City & State	
Zip <b>33162</b>	Country <b>USA</b>	Zip	Country

4. FEI Number <b>54-206619-0</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>DUPREE, ANNA R 2660 CYPRESS CT MIRAMAR FL 33025</b>	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
<b>6267 Sunset Dr Apt A-1</b>	
City <b>South Miami</b>	Zip Code <b>FL 33143</b>

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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	<b>PCEO DUPREE, ANNA R 10820 S.W. 200 DRIVE #279 MIAMI FL 33167</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T/S/M Anna R. Dupree 6267 Sunset Dr Apt A-1 Miami, FL 33143</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T DAVISON, LENA 14552 SW 104 PL MIAMI FL 33176</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Anna R. Dupree **Anna R. Dupree** 2-5-04 786 443-5478  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #