



2004 FOR PROFIT CORPORATION ANNUAL REPORT

\$150

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 APR 26 AM 8:00

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|---|---|--|---|--|--|
| DOCUMENT # P02000066350 1. Entity Name OMI CT OF MIAMI LAKES, INC. | | | |  | |
| Principal Place of Business C/O OMI GROUP, INC. 2700 N. COMMERCE PARKWAY WESTON, FL 33326 | | | Mailing Address C/O OMI GROUP, INC. 2700 N. COMMERCE PARKWAY WESTON, FL 33326 | | |
| 2. Principal Place of Business 2200 N COMMERCE PKWY Suite, Apt. #, etc. # 100 City & State WESTON, FL Zip 33326 | | 3. Mailing Address 2200 N COMMERCE PKWY Suite, Apt. #, etc. # 100 City & State WESTON, FL Zip 33326 | |  | |
| City & State WESTON, FL Zip 33326 | | City & State WESTON, FL Zip 33326 | | 4. FEI Number 01-0722591 | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | 02202004 Chg-P CR2E034 (10/03) <i>MRS</i> | |
| 6. Name and Address of Current Registered Agent DELGADO, MARIO R P.A. 2000 PONCE DE LEON BLVD SUITE 102 CORAL GABLES, FL 33134 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 | PSTD ACOSTA, NELSON 801 S UNIVERSITY DR UNIT K-103A PLANTATION, FL 33324 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 2200 N. COMMERCE PKWY, #100 WESTON, FL 33326 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 100034065181 04/27/04--01034--001 **\$950.00 | | 100034065181 04/27/04--01034--001 **\$950.00 | | |
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| 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 another like empowered. | | | | | |
| SIGNATURE: <i>M. B.</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |