



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90419 036 ***158.75

DOCUMENT # P02000069286					
1. Entity Name OM' SIDDHARTA, CORP					
Principal Place of Business 2160 S.W. 16 AVE #414 MIAMI, FL 33145			Mailing Address 2160 S.W. 16 AVE #414 MIAMI, FL 33145		
2. Principal Place of Business 3000 SW 3rd Ave Suite, Apt. #, etc. 912 City & State Miami, FL Zip 33129 Country US		3. Mailing Address 3000 SW 3rd Ave Suite, Apt. #, etc. 912 City & State Miami, FL Zip 33129 Country US			
4. FEI Number 04-3688850				Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				02062006 Chg-P CR2E034 (11/05)	
6. Name and Address of Current Registered Agent RAY PEREZ & ASSOCIATES, P.A. 13935 NW 1ST AVENUE MIAMI, FL 33168			7. Name and Address of New Registered Agent Name Ray Perez : Assoc. PA Street Address (P.O. Box Number is Not Acceptable) 174 Ave 96 St. City Miami Shores FL 33138		
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 <i>Ramon R. / Pres.</i> DATE 2/06/06 <small>Signature, typed or printed name of individual agent and title if applicable (NOTE: Registered Agent signature required when reclassified)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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	DP DIAZ, AMARELY 3667 S. MIAMI AVENUE, APT 439 MIAMI, FL 33133 <input 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	VPD HORTIVIA, SANDRA 3667 S. MIAMI AVENUE, APT 439 MIAMI, FL 33133 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Amarely Diaz / Pres.</i> DATE 2/06/06 305-854-3770 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					