

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2004 8:00 am
Secretary of State

02-23-2004 90021 047 ***150.00

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02182004 Chg-P CR2E034 (10/03)

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|---|--|---------|---|--|--|
| DOCUMENT # P02000099458 1. Entity Name OMEGA LEASING OF SOUTH FLORIDA, INC. | | | | | |
| Principal Place of Business 149 FERN ST JUPITER, FL 33458 | | | Mailing Address 18561 LAKESIDE GARDENS DR JUPITER, FL 33458 | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | | 3. Mailing Address Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | | 4. FEI Number 36-4528836 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | Applied For Not Applicable | |
| 6. Name and Address of Current Registered Agent SUSAN HAYDEN DANIELS, P.A. 420 W. INDIANTOWN ROAD JUPITER, FL 33458 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
| 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)</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 D <input type="checkbox"/> Delete NAME MACARI, STEVE STREET ADDRESS 615 N. ORANGE AVENUE, SUITE D-8 CITY-ST-ZIP JUPITER, FL 33458 | | | TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME <i>Stephen J. Macari</i> STREET ADDRESS <i>18561 Lakeside Gardens Dr.</i> CITY-ST-ZIP <i>Jupiter, FL 33458</i> | | |
| TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP | | | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP | | |
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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 all other like empowered. | | | | | |
| SIGNATURE: <i>Stephen J. Macari Director</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | Date <i>2-19-04</i> Daytime Phone # <i>745-0394</i> | | |