

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000110709

FILED
Feb 18, 2011
Secretary of State

Entity Name: OMEGA RETIREMENT & INSURANCE SERVICES, INC.

Current Principal Place of Business:

6135 NW 167 STREET
E25
MIAMI LAKES, FL 33015

New Principal Place of Business:

Current Mailing Address:

6135 NW 167 STREET
E25
MIAMI LAKES, FL 33015

New Mailing Address:

FEI Number: 04-3719632

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HEVIA, BARBARA
683 W 34 STREET
HIALEAH, FL 33012 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP
Name: HEVIA, BERNARDO
Address: P.O BOX 126067
City-St-Zip: HIALEAH, FL 33012

Title: DV
Name: HEVIA, BARBARA
Address: P.O BOX 126067
City-St-Zip: HIALEAH, FL 33012

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: BERNARDO HEVIA

DP

02/18/2011

Electronic Signature of Signing Officer or Director

Date