

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91230 016 ***150.00

DOCUMENT # P02000130478



1. Entity Name
 OM MIAMI CORP.

Principal Place of Business
 1221 BRICKELL AVENUE, SUITE 1100
 MIAMI, FL 33131

Mailing Address
 1221 BRICKELL AVENUE, SUITE 1100
 MIAMI, FL 33131



2. Principal Place of Business
 1390 Brickell Ave.
 Suite, Apt. #, etc.
 Suite 200

3. Mailing Address
 1390 Brickell Ave.
 Suite, Apt. #, etc.
 Suite 200

04302004 Chg-P CR2E034 (10/03)

City & State
 Miami - Florida

City & State
 Miami - Florida

4. FEI Number
 81-0586025

Applied For
 Not Applicable

Zip
 33131

Country
 USA

Zip
 33131

Country
 USA

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 AGRAMUNT, LUIS
 1221 BRICKELL AVENUE, SUITE 1100
 MIAMI, FL 33131

7. Name and Address of New Registered Agent

Name
 Luis Agramunt

Street Address (P.O. Box Number is Not Acceptable)
 1390 Brickell Ave., Suite 200

City
 Miami

State
 FL

Zip Code
 33131

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 _____ DATE 04/29/04

Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D GUERRA, JOSE <input type="checkbox"/> Delete 1221 BRICKELL AVENUE, SUITE 1100 MIAMI, FL 33131 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
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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"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1390 Brickell Ave., Suite 200 Miami, FL 33131 |
| 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"/> 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: Jos Guerra (POD) DATE: 04/29/04 DAYTIME PHONE #: 305/373.5802

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #