

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90115 037 ***150.00

DOCUMENT # P02000130478

1. Entity Name
OM MIAMI CORP.



Principal Place of Business
1390 BRICKELL AVE.
STE. 200
MIAMI, FL 33131

Mailing Address
1390 BRICKELL AVE.
STE. 200
MIAMI, FL 33131

2. Principal Place of Business

1114 S. DOUGLAS RD.

3. Mailing Address

1114 S. DOUGLAS RD.

Suite, Apt. #, etc. 6

Suite, Apt. #, etc. 6

City & State

CORAL GABLES FL.

City & State

CORAL GABLES FL.

Zip

33134

Country

USA

Zip

33134

Country

USA

40080064



04222005

Chg-P

CR2E034 (10/03)

4. FEI Number
81-0586025

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

AGRAMUNT, LUIS
1390 BRICKELL AVE.
STE. 200
MIAMI, FL 33131

7. Name and Address of New Registered Agent

Name LUIS AGRAMUNT

Street Address (P.O. Box Number is Not Acceptable)

1114 S. DOUGLAS RD. #6

City CORAL GABLES

FL

Zip Code 33134

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

LUIS AGRAMUNT

04/21/05

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME GUERRA, JOSE
STREET ADDRESS 1390 BRICKELL AVE., STE. 200
CITY-ST-ZIP MIAMI, FL 33131 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition
1114 S. DOUGLAS RD. #6
CORAL GABLES, FL. 33134

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOSE GUERRA (200)

Date

04/28/05

Daytime Phone #

(305) 468-3027