


2006 FOR PROFIT CORPORATION ANNUAL REPORT

05-04-2006 90513 001 *1,411.25
P02000130478

DOCUMENT # P02000130478

1. Entity Name
OM MIAMI CORP.



FILED
06 MAY 26 AM 8:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
**1114S DOUGLAS RD 6
CORAL GABLES, FL 33134**

Mailing Address
**1114S DOUGLAS RD 6
CORAL GABLES, FL 33134**

2. Principal Place of Business
1114 South Douglas Rd.

3. Mailing Address
1114 South Douglas Rd.

Suite, Apt. #, etc.
Suite 6

Suite, Apt. #, etc.
Suite 6

03142008 Chg-P CR2E034 (11/05)

City & State
Coral Gables, Florida

City & State
Coral Gables, Florida

Zip
33134

Country
USA

Zip
33134

Country
USA

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
1114 S DOUGLAS RD 5
CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
1114 South Douglas Rd., Suite 6

City **Coral Gables** State **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:  **LUIS AGRAMUNT** **06/15/2006**
Signature, typed or printed name (typed name and date applicable) PHOTO: Registered Agent signature required when registering DATE

FILE NOW!! FEE IS \$150.00
After May 1, 2006 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	<input type="checkbox"/> Delete
NAME	GUERRA, JOSE	
STREET ADDRESS	1114 S DOUGLAS RD 6	
CITY-ST-ZIP	CORAL GABLES, FL 33134	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1114 South Douglas Rd., Suite 6	
CITY-ST-ZIP	Coral Gables, Florida 33134	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 another like empowered.

SIGNATURE:  **JOSE GUERRA (PUN)** **06/15/2006 (305) 448-3027**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #