

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2004 8:00 am
Secretary of State

02-20-2004 90020 012 ***158.75

DOCUMENT # P03000015976

1. Entity Name
OMEGA ELECTRONIC, INC.



Principal Place of Business
**4252 EAST 4TH AVENUE
HIALEAH, FL 33013**

Mailing Address
**4252 EAST 4TH AVENUE
HIALEAH, FL 33013**

66404568



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01222004

Chg-P

CR2E034 (10/03)

4. FRI Number

04-3745956

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BATISTA, JULIO CESAR
4252 EAST 4TH AVENUE
HIALEAH, FL 33013**

Name **BATISTA, NORBERTO F**

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

4252 E 4 AV.

City

HIALEAH

FL

Zip Code

33013

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

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	BATISTA, JULIO CESAR	
STREET ADDRESS	4252 EAST 4TH AVENUE	
CITY-ST-ZIP	HIALEAH, FL 33013	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BATISTA, NORBERTO F	
STREET ADDRESS	4252 EAST 4TH AVENUE	
CITY-ST-ZIP	HIALEAH, FL 33013	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Delete
NAME		
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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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-16-04

305-512-9977

Date

Daytime Phone #