## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 16, 2004 8:00 am Secretary of State

Principal Place of Business 2375 W 80 ST #7 HAILARI, FL 33126  2 Principal Place of Business 2 3.5 W 80 ST #7 HAILARI, FL 33126  2 Principal Place of Business 2 3.5 W 80 ST #7 HAILARI, FL 33126  3 Mailing Address 2 3.5 W 80 ST #7 HAILARI, FL 33126  3 Mailing Address 2 3.5 W 80 ST #7 HAILARI, FL 33126  3 Mailing Address 2 3.5 W 80 ST #7 HAILARI, FL 33126  3 Mailing Address 2 3.5 W 80 ST #7 HAILARI, FL 33126  4 FEI Number 2 Story A State HT A Story	1. Entity Nam	MENT # P03000021  OMP SERVICES INCORPO				04-16-2004	90024 012 ***150.	.00	
2315 W 2011 St. 2315 W 2011 St. 2316 Apt 4 etc. 4th 7	2375 W 80 S	ST #7	2375 W 80 ST #7				540	34089	
Suite, Apt #, etc. #T # #T				<i>a</i> +.					
CPLY State HTALEAN, FL  TO 3016  County  20 3016  County  38.75 Additional  FRANCISCO, No American Address of New Registered Agent  Name and Address of New Registered Agent  Name LIDIA RE DOMO  Street Address (P.O. Box Number is Nix Acceptable)  20 SW 5944  Avenue Refuser Flequer & 1545  County  7. Name and Address of New Registered Agent  Name LIDIA RE DOMO  Street Address (P.O. Box Number is Nix Acceptable)  20 SW 5944  Avenue Refuser Flequer & 1545  County  7. Name and Address of New Registered Agent  Name LIDIA RE DOMO  Street Address (P.O. Box Number is Nix Acceptable)  20 SW 5944  Avenue Refuser Flequer & 1545  County  FL 20 Code 33144  8. Election Campaign Financing  7. Name and Address of New Registered Agent  Name LIDIA RE DOMO  Street Address (P.O. Box Number is Nix Acceptable)  20 SW 5944  Avenue Refuser Address (P.O. Box Number is Nix Acceptable)  20 SW 5944  Avenue Refuser Flequer & 1545  County Indian			Suite, Apt. #, etc.		04122004	Chg-P	CR2E034 (10/03)		
Courty   C	City & State	9	City & State		4. FEI Numb	er 33-123-1	<del>     </del> -	<del></del>	
Name LIDIA REDOMO  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  20 SW 59 th Aleque Retween Flager & 51 st St Cty Miami FL Zip, Code 33/14/4  8. The above named entity submits this statisticant for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered figent.  SIGNATURE Supraise input Commentation of registered figent.  SIGNATURE Supraise input Commentation of registered agent and the factorism.  SIGNATURE Supraise input Commentation.  SIGNATURE Supraise input Commentation.  FILE NOW!!! FEE IS \$150.00  After May 1, 2004 Fee will be \$550.00  9. Election Campaign Financing Address to Fees  FILE NOW!!! FEE IS \$150.00  After May 1, 2004 Fee will be \$550.00  9. Election Campaign Financing Address to Fees  FILE NOW!!! FEE IS \$150.00  After May 1, 2004 Fee will be \$550.00  9. Election Campaign Financing Address to Fees  FILE NOW!!! FEE IS \$150.00  After May 1, 2004 Fee will be \$550.00  9. Election Campaign Financing Address to Fees  FILE NOW!! FEE IS \$150.00  After May 1, 2004 Fee will be \$550.00  9. Election Campaign Financing Address to Fees  FILE NOW!! FEE IS \$150.00  After May 1, 2004 Fee will be \$550.00  9. Election Campaign Financing Address to Fees  FILE NOW!! FEE IS \$150.00  After May 1, 2004 Fee will be \$550.00  9. Election Campaign Financing Address to Fees  FILE NOW!! FEE IS \$150.00  After May 1, 2004 Fee will be \$550.00  9. Election Campaign Financing Address to Fees  FILE NOW!! FEE IS \$150.00  POFFICERS AND DIRECTORS IN 11  FILE NOW!! FEE IS \$150.00  9. Election Campaign Financing Address to Fees  FILE NOW!! FEE IS \$150.00  POFFICERS AND DIRECTORS IN 11  FILE NOW!! FEE IS \$150.00  POFFICERS AND DIRECTORS IN 11  FILE NOW!! FEE IS \$150.00  POFFICERS AND DIRECTORS IN 11  FILE NOW!! FEE IS \$150.00  POFFICERS AND DIRECTORS IN 11  FILE NOW!! FEE IS \$150.00  POFFICERS AND DIRECTORS IN 11  FILE NOW!! FEE IS \$150.00  POFFICERS AND DIRECTORS IN 11  FI			Zip 330 16	Country			\$8.75 Ad	ditional	
Name LIDIA & DOMO  Street Address (P.O. Box Number is Not Acceptable)  AREA DOMO  Street Address (P.O. Box Number is Not Acceptable)  AD SU 59 th Aleque Activator Flagler & 15t St.  Cry Miami FL Zip.Code 33144  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 figent.  SIGNATURE Supraise, host? the work of trapsheer agent and the factorism.  SIGNATURE Supraise, host? the statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered figent.  SIGNATURE Supraise, host? the statement of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered figent.  SIGNATURE Supraise, host? The state of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obli		6. Name and Address of Current		<del></del>	7. Name and	Address of Ne	w Registered Agent		
Street Address (P.O. Box Number is Not Acceptable)    Street Address (P.O. Box Number is Not Acceptable)				Name					
Street Address (P.O. Box Number is Not Acceptable)    Street Address (P.O. Box Number is Not Acceptable)	MAZZA-MA	ARTINEZ. TANIA A			LIDIA KERT	ONO			
20 SW 58 th Avenue Retributed & 1st St. Cry Micami FL   Zip.Code   33144  8. The above named entity submits this stateward 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 chilgations of registered agent, or both, in the State of Florida. I am familiar with, and accept the chilgations of registered agent, or both, in the State of Florida. I am familiar with, and accept the chilgations of registered agent, or both, in the State of Florida. I am familiar with, and accept the chilgations of registered agent, or both, in the State of Florida. I am familiar with, and accept the chilgations of registered agent, or both, in the State of Florida. I am familiar with, and accept the chilgations of registered agent, or both, in the State of Florida. I am familiar with, and accept the children of the child agent agent and the state of Florida. I am familiar with, and accept the children of the chil	780 NW 42 AVE STE 420				Street Address (P.O. Box Number is Not Acceptable)				
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8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered fagent.  SIGNATURE  SIGNAT	1			City	liami		FL Zip Cox	# 33144	
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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.

CITY-ST-ZIP

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SIGNATURE AND TYPED OR PRINTED PARKE OF

Carmen M. quaripa

04-12-04

786-3023624

Døytime Phone #