

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000040706

Entity Name: ORIGIN OMNIMEDIA, INC.

FILED
Apr 29, 2005
Secretary of State

Current Principal Place of Business:

540 NW 165 STREET ROAD
SUITE 312
MIAMI, FL 33169 US

New Principal Place of Business:

Current Mailing Address:

1521 ALTON ROAD
#607
MIAMI BEACH, FL 33139 US

New Mailing Address:

FEI Number: 30-0165767

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FARRAD, CHRISTIAN
540 NW 165 STREET ROAD
SUITE 312
MIAMI, FL 33169 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: FARRAD, CHRISTIAN
Address: 540 NW 165 STREET ROAD, SUITE 312
City-St-Zip: MIAMI, FL 33169 US

Title: D () Delete
Name: MARTIN, ALEXANDER
Address: 540 NW 165 STREET ROAD, SUITE 312
City-St-Zip: MIAMI, FL 33169 US

Title: D (X) Delete
Name: PASQUIER, ROBERTO
Address: 540 NW 165 STREET ROAD, SUITE 312
City-St-Zip: MIAMI, FL 33169 US

Title: D (X) Delete
Name: PASQUIER, CONSTANTINO
Address: 540 NW 165 STREET ROAD, SUITE 312
City-St-Zip: MIAMI, FL 33169

Title: D () Delete
Name: RAMCHANDANI, FRANKLIN
Address: 540 NW 165 STREET ROAD, SUITE 312
City-St-Zip: MIAMI, FL 33169

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHRISTIAN FARRAD

D

04/29/2005

Electronic Signature of Signing Officer or Director

_____ Date