

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000044413

Entity Name: OMEGA WRECKING, INC

FILED
Apr 29, 2009
Secretary of State

Current Principal Place of Business:

4341 NW 19 AVE.
BLDG# 2, BAY# 5
POMPAN0 BEACH, FL 33064

New Principal Place of Business:

2654 NE 30TH PLACE
FORT LAUDERDALE, FL 33306

Current Mailing Address:

4341 NW 19 AVE.
BLDG# 2, BAY# 5
POMPAN0 BEACH, FL 33064

New Mailing Address:

2654 NE 30TH PLACE
FORT LAUDERDALE, FL 33306

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LANDIS, SAMUEL T
4341 NW 19 AVE.
BLDG# 2, BAY# 5
POMPAN0 BEACH, FL 33064 US

Name and Address of New Registered Agent:

LANDIS, SAMUEL T
2654 NE 30TH PLACE
FORT LAUDERDALE, FL 33306 US

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:

04/29/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LANDIS, SAMUEL T
Address: 4341 NW 19 AVE., BLDG# 2, BAY# 5
City-St-Zip: POMPAN0 BEACH, FL 33064

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: LANDIS, SAMUEL T
Address: 2654 NE 30TH PLACE
City-St-Zip: FORT LAUDERDALE, FL 33306

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: SAMUEL T. LANDIS

P

04/29/2009

Electronic Signature of Signing Officer or Director

Date