

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 22, 2008 8:00 am
Secretary of State

04-22-2008 90021 045 ***150.00

DOCUMENT # P03000053444

1. Entity Name

OMNI MANAGER, INC.



Principal Place of Business

14662 SW 45 TERR.
MIAMI FL 33175

Mailing Address

14662 SW 45 TERR.
MIAMI FL 33175



2. Principal Place of Business - No P.O. Box #

9370 S.W. 72 Street

3. Mailing Address

9370 S.W. 72 Street

Suite, Apt. #, etc.

Suite # A-210

Suite, Apt. #, etc.

Suite # A-210

City & State

Miami, Florida

City & State

Miami, Florida

Zip

33173

Country

U.S.A.

Zip

33173

Country

U.S.A.

1st MOORE

CR2E034 (10/07)

4. FEI Number

54-2110437

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RODRIGUEZ, REINALDO
14662 SW 45 TERRACE
MIAMI FL 33175

7. Name and Address of New Registered Agent

Name Reinaldo Rodriguez

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

9370 S.W. 72 Street. Suite: A-210

City Miami

FL

Zip Code 33173

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

Reinaldo Rodriguez

04/01/2008

Signature, typed or printed name of registered agent and title. The applicable:

(NOTE: Registered Agent signature required when reconstituting)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing

Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, REINALDO	
STREET ADDRESS	14662 SW 45 TERRACE	
CITY - ST - ZIP	MIAMI FL 33175	
TITLE	VD	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, ALINA M	
STREET ADDRESS	14662 SW 45 TERR.	
CITY - ST - ZIP	MIAMI FL 33175	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
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STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 Section 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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/01/2008 (305) 412-7446

Date

Daytime Phone #