2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2004
Secretary of State

DOCUMENT# P03000071492

Entity Name: OMARIO CORPORATION

Current Principal Place of Business:

931 LYONS RD., #4106
COCONUT CREEK, FL 33063

New Principal Place of Business:

931 LYONS RD,
#4106
COCONUT CREEK, FL 33063

Current Mailing Address:

PO BOX 540841
LAKE WORTH, FL 33454

New Mailing Address:

FEI Number: 41-2100634 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 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: PSTD ( ) Delete
Name: MORRIS, OMAR O
Address: 931 LYONS RD., #4106
City-St-Zip: COCONUT CREEK, FL 33454

Title: V ( ) Delete
Name: MORRIS, NICOLA S
Address: 931 LYONS RD., #4106
City-St-Zip: COCONUT CREEK, FL 33454

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change ( ) Addition
Name: MORRIS, OMAR O
Address: 931 LYONS RD., #4106
City-St-Zip: COCONUT CREEK, FL 33063

Title: V (X) Change ( ) Addition
Name: MORRIS, NICOLA S
Address: 931 LYONS RD., #4106
City-St-Zip: COCONUT CREEK, FL 33063

Title: MD ( ) Change (X) Addition
Name: WILSON, DWIGHT A
Address: 3480 PINEWALK DR N, # 114
City-St-Zip: MARGATE, FL 33063

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: OMAR MORRIS P 04/07/2004

Electronic Signature of Signing Officer or Director — Date