## 2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Jan 16, 2007 8:00 am Secretary of State DOCUMENT # P03000074660 01-16-2007 90210 005 \*\*\*150.00 OMNITHERAPY INSTITUTE, INC. Principal Place of Business Mailing Address 60001222 **427 HIALEAH DRIVE 427 HIALEAH DRIVE** US HIALEAH, FL 33010 US HIALEAH, FL 33010 No Chg-P CR2E034 (11/05) 01032007 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 56-2376371 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CUSUMANO, SAVERIO DO NOT WRITE **4854 NW 7 STREET** APT 502 IN THIS SPACE MIAMI, FL 33126 / 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. DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 $\Box$ Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. PD TITLE CUSUMANO, SAVERIO NAME 4854 NW 7 STREET APT 502 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33126 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITI F NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 addre

**FILED**