## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## Feb 21, 2007 08:00 AM **Secretary of State DOCUMENT # P04000024472** OMEGA MAINTENANCE & REPAIR INC. Principal Place of Business Mailing Address 12305 NW 10 LN 12305 NW 10 LN MIAMI, FL 33182 MIAMI, FL 33182 कोर देश के रहा के हिंदू का रही। स्थाने व करों का स्थाने के रही है और रही है है। CR2E034 (11/05) 02172007 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number માનુકા કુલ્લા કુલ્લ તુંત્ર પ્રત્યાના કુલ્લા ક 20-0723129 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent Salar and the salar and the salar and the salar and the salar RAMOS, NEOMER DO NOT WRITE 12305 NW 10 LN MIAMI, FL 33182 IN THIS SPACE 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\_ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent aignature required when reinstating) U00000642032 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 03/01/07-80027-024 150.00 Trust Fund Contribution. 10. OFFICERS AND DIRECTORS TITLE ikang pelanggan pelang kanalag ing pelanggan pelanggan pelanggan pelanggan pelanggan pelanggan pelanggan pelan RAMOS, NEOMER NAME ti yang perdirah darah dar STREET ADDRESS 12305 NW 10 LN CITY-ST-ZIP MIAMI, FL 33182 The second section of the second second section is the second section of the section of the second section of the second section of the second section of the section o galit karak 1979 ya Gardini wa mangi iyo kali majanjiniya kuta malabada da walini TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS place a second to both and an all and CITY-ST-ZIP San a circle de designation de la company TITLE

 I hereby certify that the information indicated on this report or surplem of the corporation of the receiver of changed, or on any attachment with supplie with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes, I further certify that the information Penial 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 trustee empeyered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if an address, with all other like empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

STREET ADDRESS

City-St-7iP

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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