
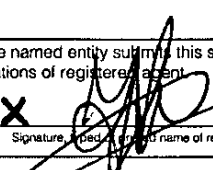
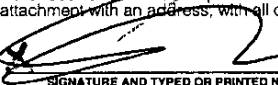


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90068 012 ***150.00

DOCUMENT # P04000034214					
1. Entity Name OMEGA MARINE ENTERPRISES INC.					
Principal Place of Business 4048 N. 38TH AVENUE HOLLYWOOD, FL 33020			Mailing Address 4048 N. 38TH AVENUE HOLLYWOOD, FL 33020		
2. Principal Place of Business 4050 N. 30th AVENUE Suite, Apt. #, etc.		3. Mailing Address 4050 N. 30th AVENUE Suite, Apt. #, etc.			
City & State HOLLYWOOD, FL		City & State HOLLYWOOD, FL		4. FEI Number 20-0941277	
Zip 33020		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NOMIKOS, JACK 503 N. PINE ISLAND ROAD PLANTATION, FL 33324			7. Name and Address of New Registered Agent Name: JACK NOMIKOS Street Address (P.O. Box Number is Not Acceptable): 1841 N.W. 99th AVENUE City: PLANTATION FL Zip Code: 33322		
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:  JACK NOMIKOS DATE: X 3/18/2005 <small>Signature (Typed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P	NAME NOMIKOS, SPYROS		TITLE P	NAME SPYROS NOMIKOS @	
STREET ADDRESS 503 N. PINE ISLAND ROAD	CITY-ST-ZIP PLANTATION, FL 33324		STREET ADDRESS 1841 N.W. 99th AVENUE	CITY-ST-ZIP PLANTATION, FL 33322	
TITLE COO	NAME NOMIKOS, JACK		TITLE COO	NAME JACK NOMIKOS @	
STREET ADDRESS 503 N. PINE ISLAND RD.	CITY-ST-ZIP PLANTATION, FL 33324		STREET ADDRESS 1841 N.W. 99th AVENUE	CITY-ST-ZIP PLANTATION, FL 33322	
<input type="checkbox"/> Delete			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
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<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify 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 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: 			SPYROS NOMIKOS X 3/18/05 X 954-322-7111		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		