## 2007 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE:

## Apr 19, 2007 8:00 am Secretary of State DOCUMENT # P04000050623 1. Entity Name 04-19-2007 90416 024 \*\*\*150.00 OM GROUP INC. Principal Place of Business Mailing Address 333 W 47TH STREET MIAMI BEACH FL 33140 333 W 47TH STREET MIAMI BEACH FL 33140 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 2650 BISCAYNE BIVD 2650 BISCAYNE BID Suite, Apt. #, etc Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 56-2446465 11AMI MIAMI Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MARX, JAMES Street Address (P.O. Box Number is Not Acceptable) 848 BRICKELL AVE SUITE 750 MIAMI FL 33131 City Zip Code FL 8. The above named entity submits this stated on for the purpose of changing its registored office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agents SIGNATURE Signature, typed or printery runne of registered age OTE Registered Agent signature required when reinstatural DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 HILL Delete HILE ☐ Addition ☐ Change MANICOM, PHILIPPE NAMI. NAMI 20 MAGEE AVE STREET ADDRESS STREET ADDRESS MILLVALLEY CA 94941 CHY-S1-ZIP CITY - ST- 7IP Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - 7IP CITY ST ZIP ☐ Delete ☐ Change ■ Addition STREET ADDRESS STREET ADDRESS CHY-ST-/IP CHY-SI-ZIP THE ☐ Delete DHE ☐ Change ☐ Addition NAME NAME STRUCT ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST-ZIP TITLE Delete OTLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CiTY+ST+7IP CHY ST-ZIP ☐ Delete THE ☐ Change ☐ Addition NAME NAME STRUET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 of project in project in the receiver of project in if changed, or on an attachment with an address

NTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED** 

Daytime Phone #