

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000052519

Entity Name: OMEGA AUTO INC

FILED  
Mar 08, 2005  
Secretary of State

**Current Principal Place of Business:**

255 S BELCHER RD  
CLEARWATER, FL 33765

**New Principal Place of Business:**

**Current Mailing Address:**

255 S BELCHER RD  
CLEARWATER, FL 33765

**New Mailing Address:**

FEI Number: 20-0914152

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SALEH, AHMED  
255 S BELCHER RD  
CLEARWATER, FL 33765 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: D, P ( ) Delete  
Name: SALEH, AHMED  
Address: 5110 2ND AVE # 13E  
City-St-Zip: NEW YORK, NY 10016

Title: D,VP ( ) Delete  
Name: IBRAHIM, MOHAMED  
Address: 3660 EAST BAY DR # 1224  
City-St-Zip: LARGO, FL 33771

Title: VP (X) Delete  
Name: SALEH, IHAB A  
Address: 5110 2ND AVE # 13E  
City-St-Zip: NEW YORK, NY 10016

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D, P (X) Change ( ) Addition  
Name: SALEH, AHMED  
Address: 510 2ND AVE # 13E  
City-St-Zip: NEW YORK, NY 10016

Title: VP (X) Change ( ) Addition  
Name: SALEH, IHAB A  
Address: 2225 NURSERY RD # 3101  
City-St-Zip: CLEARWATER, FL 33764

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: IHAB SALEH

VP

03/08/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date