2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 21, 2006 8:00 am
Secretary of State
07-31-2006 90008 020 ***150.00

DOCUMENT # P04000126510

1. Entity Name
OMEGA THERAPY SERVICES, CORP.

Principal Place of Business	Mailing Address
2750 W. 68 ST. SUITE 203 HIALEAH FL 33016	2750 W. 68 ST. SUITE 203 HIALEAH FL 33016

2nd MOORE CR2E034 (4/06)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 20-1590752 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
~~BETANCOURT, OSCAR L~~ 2750 W. 68 ST SUITE 203 HIALEAH FL 33016	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 Betancourt 7/24/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $550.00
DUE BY September 6, 2006
Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the $400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is $150.00. ☐

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager Oscar Luis Betancourt 2750 W 68 ST, suite #203 Hialeah, FL 33016	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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 address, with all other like empowered.

SIGNATURE: Betancourt 7/24/06 (305)231-4836
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR · Date · Daytime Phone #

ATTACHMENT 16e023332

#P04000126510

August 15, 2006.

To: Annual Report, Division of Corporations.

I'm sending you the forms signed in box #12 and we sent the form as soon as we received the first time on July 05, 2006. And I'm requesting, please, not to pay the $400.00 for late fee, because I didn't receive the notice report on time.

Thank you.

Any answer, please, call us at: (305) 231-4836.

From: Omega Therapy Series.

C Betancourt

Oscar Luis Betancourt