## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000142427

VALENTINA, SUAREZ

ROYAL PALM BEACH, FL 33411

67 FAIRWAY LN

Name:

Address:

City-St-Zip:

Entity Name: OMEGA ELECTRICAL SYSTEMS, INC

FILED Apr 15, 2009 Secretary of State

LINKY NAME: OWIEGA ELECTRICAL STOTEING, INC						
Current Principal Place of Business:				New Principal Place of Business:		
67 FAIRWA ROYAL PA	AY LN LM BEACH, F	L 33411				
Current Mailing Address:				New Mailing Address:		
67 FAIRWA ROYAL PA	AY LN LM BEACH, F	L 33411				
FEI Number:	20-1753832	FEI Number Applied For()	FEI Number Not A	pplicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
SUAREZ, WINGERT 67 FAIRWAY LN ROYAL PALM BEACH, FL 33411 US				ALL FLORIDA FIRM, INC. 813 DELTONA BLVD, STE A BOX 1408380 DELTONA, FL 32725 US		
	named entity see of Florida.	submits this statement for the	purpose of changir	ig its registered	office or registered agent, or both,	
SIGNATURE: DEVIN NEWMAN FOR ALL FLORIDA FIRM				04/15/2009		
Electronic Signature of Registered Agent					Date	
Election Campaign Financing Trust Fund Contribution ( ).						
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	WINGERT, SUA 67 FAIRWAY LI		Title: Name: Address: City-St-Zi <sub>l</sub>	`	) Change ()Addition	
Title: Name: Address: City-St-Zip:	GUTIERREZ, M 67 FAIRWAY LI		Title: Name: Address: City-St-Zi <sub>l</sub>	·	) Change ()Addition	
Title: Name: Address: City-St-Zip:	SUAREZ, JOSÉ 67 FAIRWAY LI		Title: Name: Address: City-St-Zi		) Change ()Addition	
Title:	D ()	Delete	Title	(	) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

Name:

Address:

City-St-Zip:

SIGNATURE: DEVIN NEWMAN FOR WINGERT SUAREZ D 04/15/2009