## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000144577

City-St-Zip:

EL DORAL, FL 33178

FILED Jul 18, 2005 Secretary of State

Entity Nan	ne: THE NE	W OMEGA GROUP, INC.			
Current Principal Place of Business:			New Principal Place of	New Principal Place of Business:	
10241 N.W EL DORAL	. 46TH STRE , FL 33178	ΈΤ	7910 NW 25TH SREET SUITE 205 MIAMI, FL 33122		
Current Ma	ailing Addre	ss:	New Mailing Address:		
10241 N.W EL DORAL	. 46TH STRE , FL 33178	ΈΤ			
FEI Number:	20-1772975	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
10241 N.W	MARTHA C . 46TH STRE , FL 33178	ET US	JARAMILLO, NICOLAS 10241 N.W. 46TH STRE EL DORAL, FL 33178	EET US	
The above in the State		submits this statement for the po	urpose of changing its registered	office or registered agent, or both,	
SIGNATURE: NICOLAS JARAMILLO				07/18/2005	
	Electro	nic Signature of Registered Age	nt	Date	
		93(2)(b), F.S., the corporation did not ng Trust Fund Contribution (  ).	receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD ( JARAMILLO, N 10241 N.W. 40 EL DORAL, FL	STH STREET	Title: ( Name: Address: City-St-Zip:	) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	SVD ( ESTEBAN, MA 10241 N.W. 40 EL DORAL, FL	STH STREET	Title: ( Name: Address: City-St-Zip:	) Change ( ) Addition	
Title: Name:	TD ( JARAMILLO, 3		Title: ( Name: Address:	) Change ( ) Addition	

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.

City-St-Zip:

SIGNATURE: NICOLAS JARAMILLO PD 07/18/2005